

The 1995 Vermont Youth Risk Behavior Survey

Statewide Report

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How many Vermont teens drink alcohol or smoke cigarettes? How many use marijuana or cocaine? How many are sexually active, and of those, how many are using condoms? How many have been threatened at school? How many have contemplated suicide? Finding answers to these questions is both vitally important and difficult. It is important because this information can put to rest unwarranted fears when the answers are positive; it can mobilize reform and prevention efforts when the answers are negative; and it can influence the behavior of students by setting norms. It is difficult because surveys are costly to design, conduct, and analyze.

Therefore, every two years since 1985, the Office of Alcohol and Drug Abuse Programs and the Department of Education have sponsored a survey of Vermont students. The Vermont Youth Risk Behavior Survey (YRBS) measures the incidence and prevalence of behaviors which contribute to the leading causes of mortality and morbidity among youth. The YRBS is part of a larger effort to help communities promote the "resiliency" of young people by reducing high risk behaviors and increasing healthy behaviors. The YRBS provides accurate information about Vermont students which enables us to:

- **monitor trends** in their health and risk behaviors
- **compare Vermont** students with a national sample of students
- **plan, evaluate, and improve** community programs which prevent health problems and promote healthy behaviors

In 1995, school staff administered the YRBS to 21,297 eighth to twelfth grade Vermont students in 79 schools representing 41 supervisory unions. Participation by both schools and individual students was completely voluntary. To protect student privacy, the questionnaire was anonymous. Therefore, it is impossible to identify an individual student's responses. **This report summarizes the results of a representative sample of Vermont high schools and middle schools .**

How to use the YRBS

The YRBS provides an important piece of the evaluation puzzle. It can help you detect changes in risk behaviors over time. It can help you identify differences among ages, grades, and gender. It can help you focus primary prevention efforts on specific groups of teens, and can suggest whether or not school policies

and community programs are having their intended effects on student behaviors.

Think of the YRBS as a tool for starting discussions, for educating the community, for planning and evaluating programs, and for comparing Vermont students with other students nationwide.

- **Starting the Conversation:** Use the YRBS to begin a conversation with young people about the personal choices they make or about the health of their community. Ask them if the results accurately reflect what they see happening around them. How do they explain the results? What ideas do they have about ways to promote healthy behaviors? From their perspective, what seems to be working and what isn't working?
- **Increasing Awareness:** The YRBS provides an opportunity to break through "denial" and to make community members aware of the risks that their young people face. It can dispel myths and correct misinformation about the "average teenager". In addition, you can use the YRBS to accentuate the positive, and to celebrate the fact that many students are abstaining from behaviors which endanger their health and their ability to succeed.
- **Planning and Evaluating Programs:** The YRBS can serve as the basis of a community needs assessment. It can help identify strengths and weaknesses in your community, and can suggest strategies to address those weaknesses. For example, the 1993 YRBS revealed an increase in the incidence of students driving while under the influence of marijuana. Planners of safety programs used this information in discussions with students to reveal a widely held belief that marijuana is a "safe" drug. Consequently, safety education programs were restructured to focus on this misperception.
- **Vermont Trends and National Comparisons:** Since the survey has been conducted since 1985, we have some trend data for up to ten years. Also, the Centers for Disease Control and Prevention conducts a biennial YRBS of a national sample of high school students. These results permit us to draw comparisons between Vermont and the nation.

A Word of Caution

The YRBS represents the most complete and most recent information available about risk behaviors among Vermont students. However, the YRBS has some limitations that you should keep in mind when interpreting the results.

- **Data Quality:** Several precautions were taken to ensure the reliability and validity of the results. First, the questionnaire has been carefully designed and thoroughly tested by Centers for Disease Control and Prevention. Second, the survey was anonymous to encourage students to be honest and forthright. Third, over 100 consistency checks were run on the data to exclude careless, invalid, or logically inconsistent answers. Fourth, the results are statistically adjusted or "weighted" so that the sample accurately represents all Vermont 8th - 12th graders. These precautions can reduce some sources of error, but not all. For example, some high risk students such as those who have dropped out of school would not be represented in the results.

- **Comparing Supervisory Unions to Each Other and to the State:** Participating supervisory unions received individual reports summarizing their own results. It is natural to want to know how individual supervisory unions compare to the state overall or to other supervisory unions. We urge caution in making such comparisons because the statewide results are "weighted", whereas the supervisory union results are not. As a result, it is possible that apparent differences, especially small differences, are due to demographics characteristics, rather than to true differences in prevalence.
- **Comparing Vermont to the Nation:** There are two points to keep in mind when comparing the Vermont statewide results to national results. First, the most recent national report was for 1993. The 1995 national report will not be available until mid-1996. Second, eighth graders were included in the Vermont survey, but not the national survey. Therefore, we urge caution when comparing percentages for all students on items where there are clear differences across grades.

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Basic Information

Understanding This Report:

- Format:** The results are presented as data tables, pie charts, and bar graphs. In most cases, the data are organized by gender and by grade. All results are expressed as percentages of students who endorsed the responses being reported. Some percentages may not sum to 100 percent due to rounding.
- Trends:** This report includes 8-10 year trends for several behaviors including drinking and driving, and use of alcohol, tobacco, and marijuana. The data for years 1985-1991 are not based on the YRBS, but on a Vermont student survey that focused on the use of alcohol and other drugs. The questions from the earlier survey were worded slightly differently from the questions on the YRBS: e.g., students were asked about their "monthly use", instead of their use during "the past 30 days". In order to adjust for the difference, the trend data for years 1985-1991 were estimated. Since the questions were asked both ways on the 1993 and 1995 surveys, we used a simple ratio of the percentages from comparable "monthly" and "30-day" questions to adjust the 1985 - 1991 data.
- Healthy Vermonters 2000:** Vermont has established goals for promoting health and reducing risk behaviors through the *Healthy Vermonters 2000* project. Goals relevant to the behaviors surveyed by the YRBS are included in the report for your reference. For more information, see *The Health Status of Vermonters* and *Healthy Vermonters 2000*, available from the Vermont Department of Health.

Description of the Sample

- Sampling:** Twenty Vermont high schools of varying sizes, along with their 26 associated middle schools, were randomly selected for the state sample (1:3 systematic sample after sorting by enrollments). A survey of this size was required in order to have an error rate of +/- 5% at each of the five grade levels.
- Response Rates:** Thirty-four of the forty-six sample schools participated (74%). Out of the 8,474 sampled students 7,165 completed usable questionnaires (85%). Therefore, the overall response rate was 63%.
- Weighting:** The results were "weighted" in order to compensate for differences between the sample and the population of all 8th to 12th grader students in Vermont. The weighting procedure ensures that the sample is representative of the population. This permits us to draw inferences about the entire student population based on the results of the sample.

Vermont Students Who Participated in the YRBS

	GRADE					GENDER		ALL*
	8	9	10	11	12	F	M	
Number of students	1178	1762	1575	1452	1145	3610	3529	7165

*NOTE: Some students did not indicate their grade or gender. Therefore, totals by grade and by gender do not sum to the overall total, 7165.

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Injuries, Violence, and Safety

This section deals with personal safety and violence, and includes questions about physical fights, weapons, vehicle safety, and suicide.

- Physical Fighting:** Violence and abuse comprise a significant public health problem in Vermont. In 1990, the Vermont Network Against Domestic Violence and Sexual Assault answered more than 11,000 calls from people who were in crisis due to family violence. In 1991, 44 percent of the homicides in Vermont were a result of family violence.¹ Nationwide, homicide is the second leading cause of death among all youth aged 15-24.² Physical fighting often precedes fatal violence among young persons.³ More and more Vermont schools are teaching students to resolve conflicts through mediation.
- Weapons and Fear:** Homicide rates increase dramatically in the United States during adolescence from less than one per 100,000 at age 10, to 13.9 per 100,000 by age 20.⁴ Approximately nine out of ten homicide victims in the United States are killed with a weapon.² The immediate accessibility of a firearm or other lethal weapon is often a factor.^{5,6} Unintentional firearm-related fatalities are also a significant problem among young people in the US.⁷
- Vehicle Safety - Seat Belts and Bicycle Helmets:** Seat belt use is estimated to reduce motor vehicle fatalities by 40 to 50 percent and serious injury by 45 to 55 percent.⁸ Increasing the use of automobile safety restraint systems to 85 percent could save an estimated 10,000 American lives per year.⁹ Head injury is the leading cause of death in motorcycle and bicycle crashes.¹⁰ The risk of head injury for unhelmeted bicyclists is more than six and one-half times greater than for riders who wear helmets.¹¹
- Vehicle Safety - Drinking and Driving:** Motor vehicle crash injuries, more than half of which involve alcohol,¹² are the leading cause of death among youth aged 15-24 in the US.² Alcohol-related crashes also cause serious injury and permanent disability and rank as the leading cause of spinal cord injury among adolescents and young adults.¹³

Motor vehicle fatalities account for half of all fatal injuries in the US.³ The two most important factors contributing to such fatalities are non-use of seat belts and driving under the influence of alcohol. In 1991, 72 percent of people fatally injured in crashes were unrestrained.¹⁷

- Suicide:** Suicide is the third leading cause of death among US youth aged 15-24.² The suicide rate for persons aged 15-24 has tripled since 1950.¹⁴ Vermont has one of the highest rates of suicide in the

US with a rate of 16.1 deaths per 100,000 people in 1993, compared to 12.1 deaths per 100,000 people nationwide. Between 1979 and 1987, four Vermont counties had suicide rates among the highest 10 percent in the US: Essex, Orange, Caledonia, and Washington. Five more counties were among the highest 25 percent: Bennington, Rutland, Windsor, Lamoille, and Orleans.¹⁵

Related *Healthy Vermonters 2000* Goals:

Increase the percent of people using motor vehicle safety restraints to at least 85%.

Increase the number of schools that teach non-violent conflict resolution to at least 50%

Reduce suicides rate to less than 10.5 per 100,000 population.

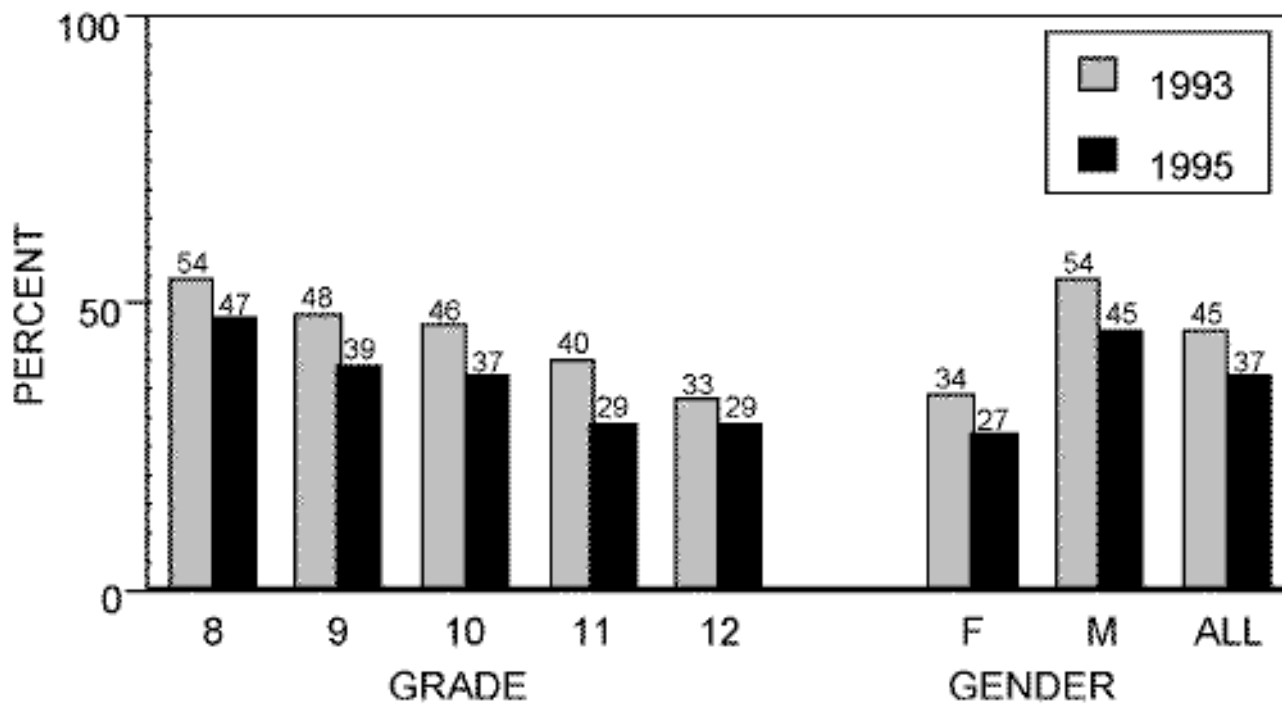
Physical Fighting

Less fighting compared to 1993 . Overall, Vermont students reported less physical fighting this year compared to 1993 (37% vs 45%). Nationally, 42% of students reported fighting in 1993.

Males fight more than females. Male students were two-thirds more likely than female students to have been in a fight (45% vs 27%). The male vs female difference was similar in 1993 (54% vs 34%).

Fighting decreases across grades. Eighth graders were almost two-thirds more likely than eleventh and twelfth graders to have been in a fight (54% vs 29%). The 8th vs 12th grade difference was similar in 1993 (54% vs 33%).

Percent of students who were in a physical fight during the past 12 months



More males than females are in serious fights and in fights at school. Male students were twice as likely as female students to be in a fight that resulted in an injury (6% vs 3%). In addition, male students were almost three times more likely than female students to fight on school property (25% vs 9%). These figures are similar to the 1993 US results.

Fighting on school property decreases across grades. Eighth graders were over twice as likely as twelfth graders to fight on school property (25% vs 11%). Overall, 17% of Vermont students fought on school property. This compares to 16% from the national 1993 survey.

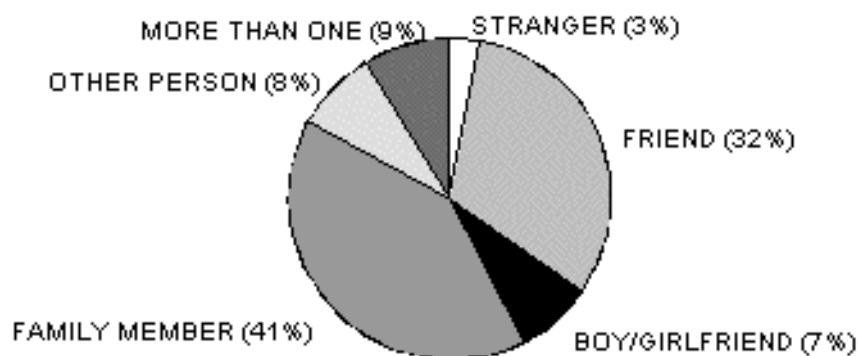
PHYSICAL FIGHTING	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who:									
Were in a physical fight and had to be treated by a doctor or nurse during the past 12 months	6	4	5	4	3	3	6	5	5
Were in a physical fight on school property during the past 12 months	25	19	18	12	11	9	25	17	NA

Students fight more with people they know than with strangers. 80% of the people female students fought with and 64% of the people male students fought with were people they knew.

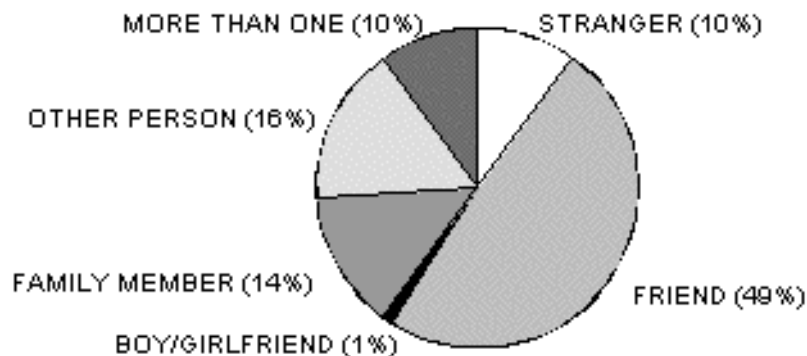
Females fight more with family members and dates and less with friends than male students. Of the students who fought, 41% of female students fought with family members, compared to only 14% of male students. Female students were more likely to fight with a boy/girlfriend or date than male students (7% vs 1%). 32% of female students fought with friends, compared to 49% of male students. These differences were consistent with results from the 1993 Vermont YRBS.

The last time you were in a physical fight, with whom did you fight?

FEMALES

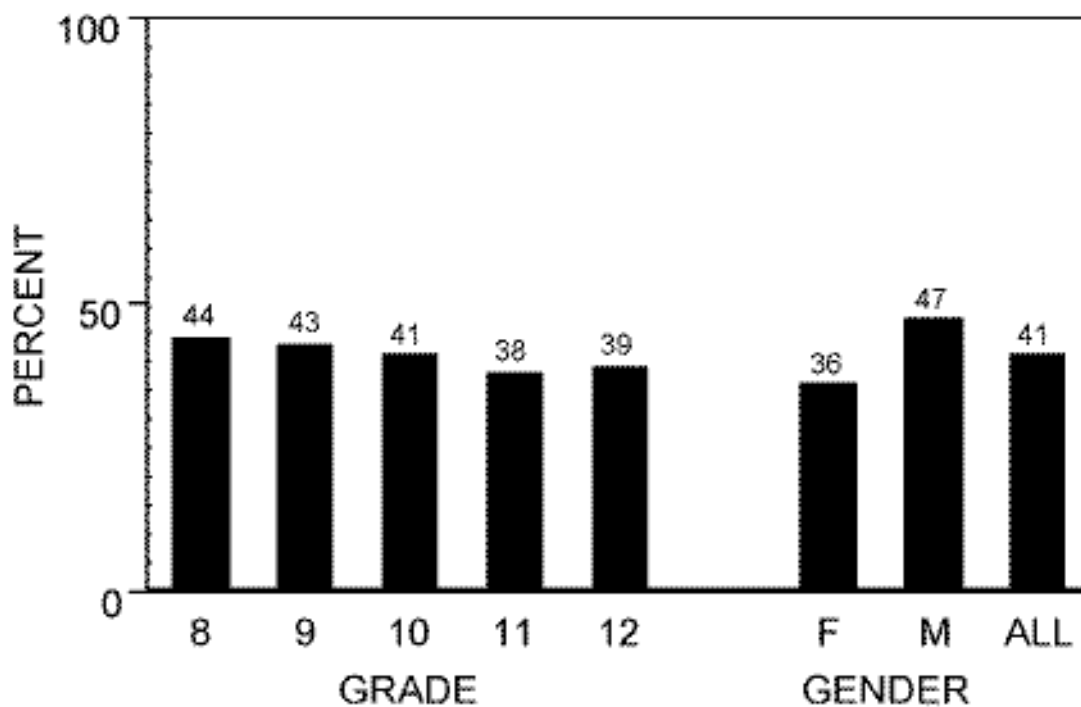


MALES



Almost half of all male students are threatened with physical violence. Female students were less likely to have been threatened with violence than male students (36% vs 47%).

Percent of students threatened with physical violence one or more times during the past year

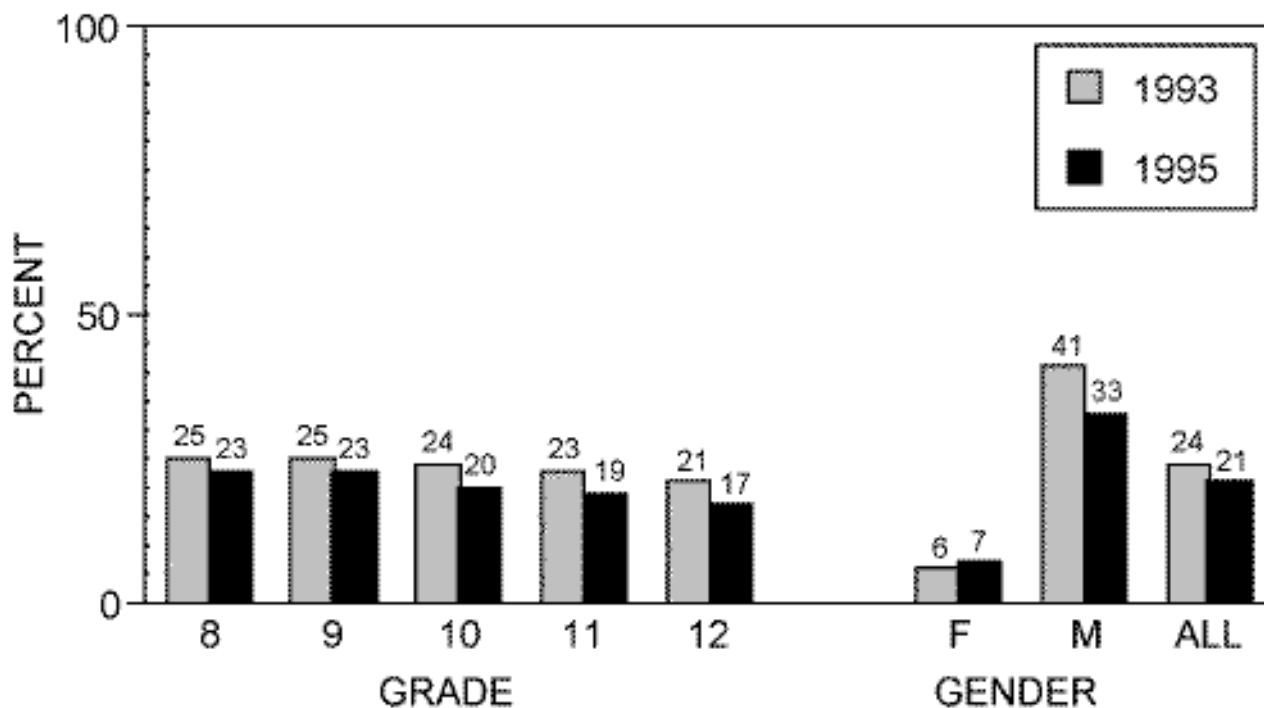


Weapons and Fear

Fewer students carry weapons compared to 1993. Overall, fewer Vermont students carried weapons this year than in 1993 (21% vs 24%). Nationally, 22% of students carried weapons in 1993.

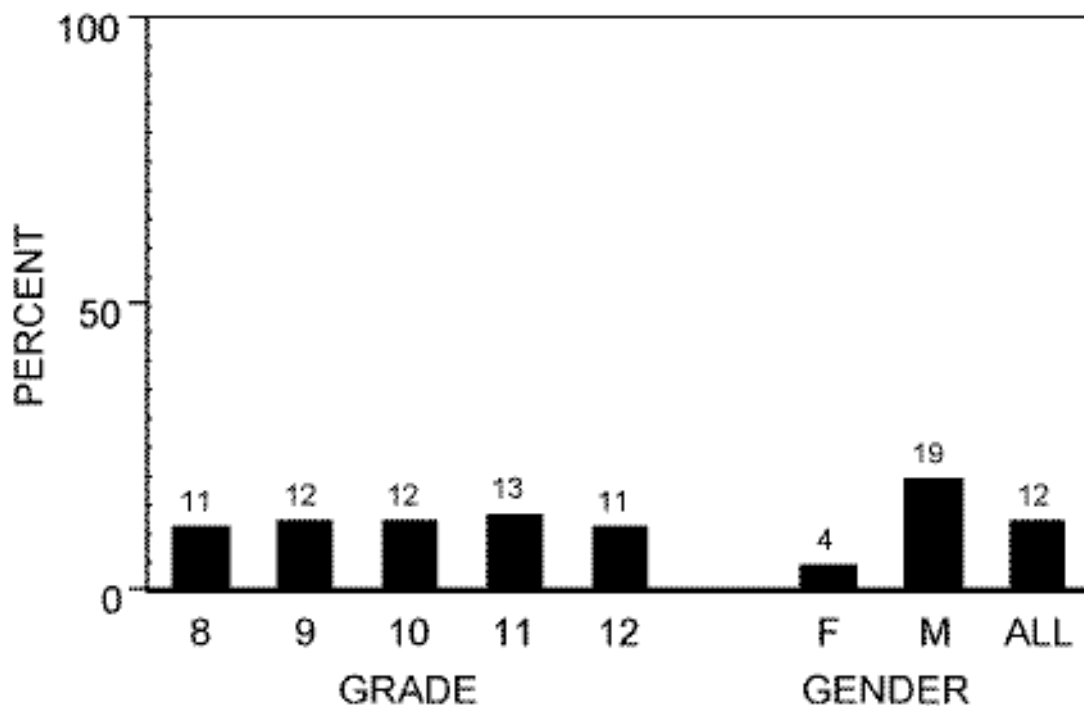
Males carry weapons more than females. Male students were almost 5 times more likely than female students to have carried a weapon (33% vs 7%). In 1993, 41% of male students carried a weapon, compared to 6% of female students.

Percent of students who carried a weapon such as a gun, knife, or club during the past 30 days



Males carry weapons to school more than females. Male students were almost 5 times more likely to carry a weapon on school property than female students (19% vs 4%). This pattern was similar to the 1993 US results (18% vs 5%).

Percent of students who carried a weapon such as a gun, knife, or club on school property during the past 30 days



Males are threatened with weapons at school more than females. Male students were more than twice as

likely than female students to have been threatened with a weapon at school (9% vs 4%). The male vs female difference was similar to the 1993 US results (9% vs 5%).

More males than females have their property stolen at school . 40% of male students compared to 32% of female students reported that someone stole or deliberately damaged their property at school.

SAFETY, WEAPONS, AND DAMAGE TO PROPERTY									
	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who:									
Did not go to school because they felt unsafe during the past 30 days	7	5	3	3	3	4	5	4	4
Were threatened or injured with a weapon such as a gun, knife, or club on school property during the past 12 months	9	7	8	5	5	4	9	7	NA
Said that someone had stolen or deliberately damaged their property on school property during the past 12 months	40	37	37	34	31	32	40	36	NA

Vehicle Safety - Seat Belts

Seat belt use is up compared to 1993. Overall, 72% of Vermont students this year reported always or almost always wearing their seat belt compared to 63% of Vermont students in 1993.

More males than females never or rarely wear a seat belt . Male students were twice as likely as female students to report never or rarely wearing a seat belt (19% vs 9%). The male vs female difference was similar in 1993 (26% vs 13%).

SEAT BELT USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who wear a seat belt when riding in a car driven by someone else									
Never or rarely	15	15	12	11	13	9	19	14	20
Sometimes	16	16	16	12	12	13	17	15	17
Always or almost always	68	68	73	77	75	79	65	72	63

Vehicle Safety - Bicycle Helmets

Bicycle riding decreases across grades. More eighth graders than twelfth graders rode bicycles during the year preceding the survey (91% vs 71%).

Bicycle helmet use decreases across grades . More eighth graders than twelfth graders always or almost always wore a helmet while riding a bicycle (22% vs 10%).

Bicycle helmet use is up compared to 1993. Overall, 75% of students report never or rarely wearing a helmet when riding a bicycle. This compared to 82% of VT students in 1993 and 93% of US students.

BICYCLE HELMET USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who rode a bicycle one or more times during the past 12 months	91	89	82	74	71	79	85	82	86
Among students who rode a bicycle during the past 12 months, the percent who wore a helmet									
Never or rarely	67	73	77	78	84	75	76	75	82
Sometimes	11	9	9	8	5	9	9	9	7
Always or almost always	22	17	14	14	10	17	16	16	11

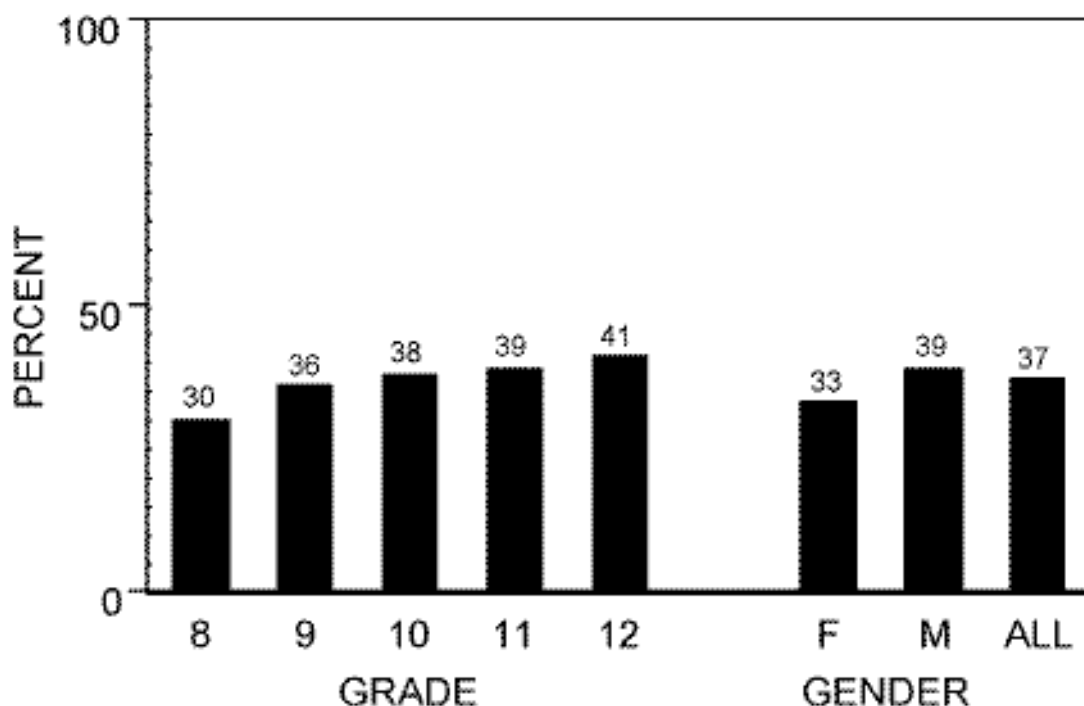
Vehicle Safety - Drinking and Driving

Over a third of students ride with someone who has been drinking alcohol. 37% of VT students reported riding with a drinking driver during the past 30 days. This compared to 35% of students nationwide in 1993.

More males than females ride with someone who has been drinking. 39% of male students rode with someone who had been drinking, compared to 33% of females.

Riding with a drinking driver increases across grades . Twelfth graders were more likely than eighth graders to have ridden in a car driven by someone drinking (41% vs 30%). Nationally, the 12th vs 8th grade difference was similar in 1993 (39% vs 31%).

Percent of students who during the past 30 days rode in a car or other vehicle driven by someone who had been drinking alcohol

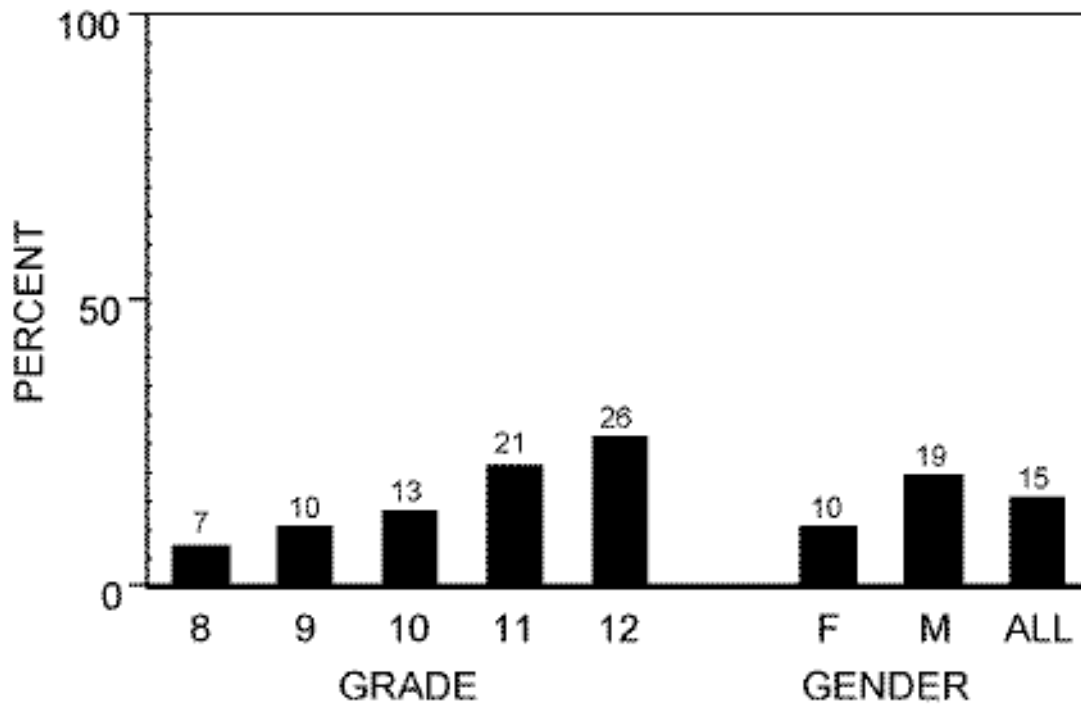


More males drink and drive than females. Male students were twice as likely as females to report driving when they had been drinking alcohol (19% vs 10%).

Drinking and driving increases across grades. Twelfth graders were almost four times as likely as eighth graders to drive when they had been drinking (26% vs 7%). This difference was probably a result of older

students driving more than younger students and drinking alcohol more frequently (see page 24).

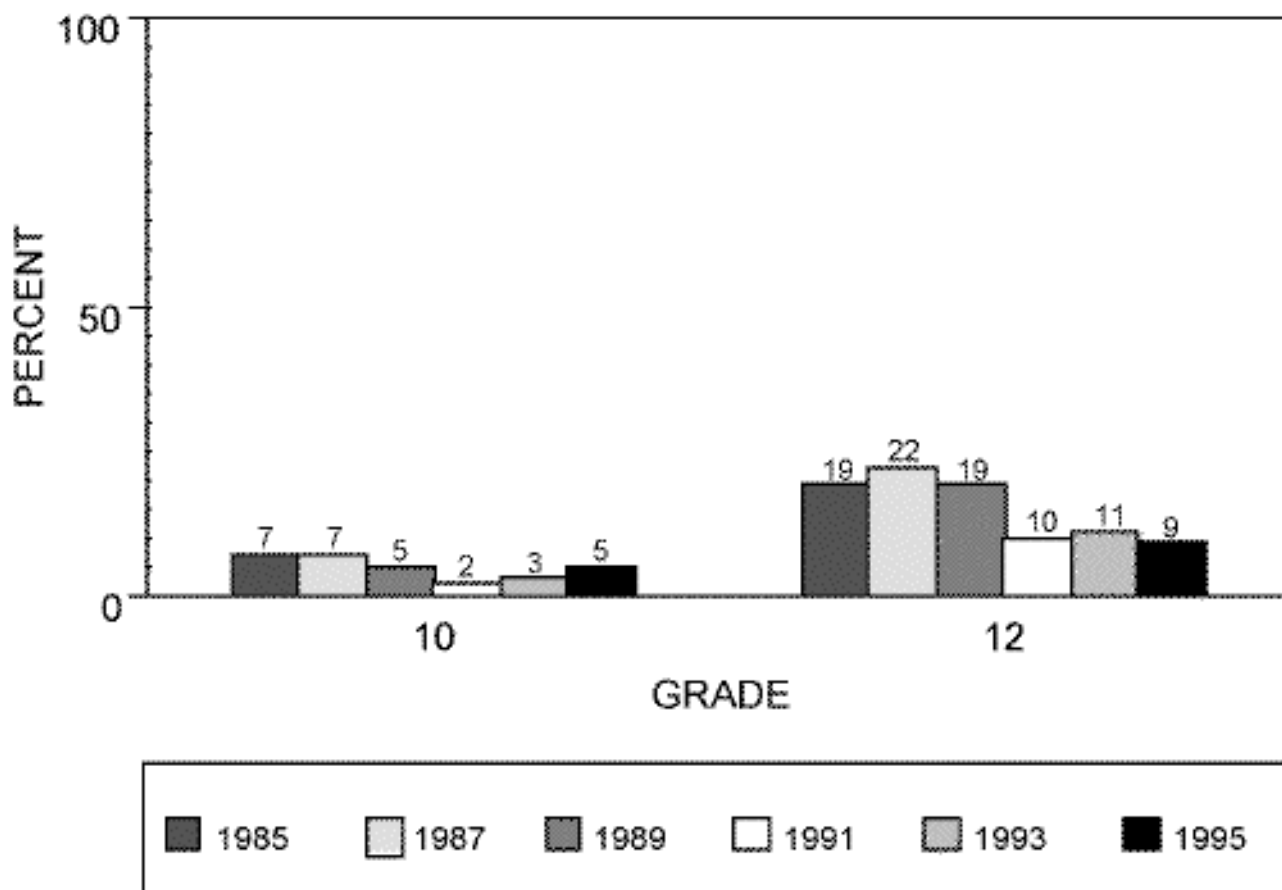
**Percent of students who during the past 30 days drove
a car or other vehicle when they had been drinking alcohol**



Trend in drinking and driving among twelfth graders is decreasing. Among twelfth graders, drinking and driving has decreased from 19% in 1985 to 9% in 1995. This pattern was less clear among 10th graders.

Drinking and Driving 1985-1995

**Percent of students who drive when
they have been drinking alcohol monthly or more often***



*Data provided for this graph are estimates based on earlier versions of the Vermont student survey; therefore, the 1995 percentages are not the same as the percentages presented on page 19. (see page 1)

Suicide

More students contemplate suicide. Overall, the percent of Vermont students who have seriously considered suicide (22% vs 28%), made a suicide plan (16% vs 22%), attempted suicide (9% vs 10%), and required medical treatment due to a suicide attempt (2% vs 4%) has increased since 1993. Among students nationwide in 1993, 24% considered suicide, 19% made a plan, 9% attempted suicide, and 3% required medical treatment.

More females than males consider suicide. Female students were more likely than male students to seriously consider suicide (33% vs 23%), make a suicide plan (26% vs 19%), and actually attempt suicide (12% vs 8%). These female vs male differences were similar to results from the 1993 VT and national surveys.

SUICIDE CONCERNS DURING THE PAST 12 MONTHS									
	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who:									
Seriously considered attempting suicide	29	28	29	28	27	33	23	28	22
Made a plan about how to attempt suicide	22	23	22	22	21	26	19	22	16
Actually attempted suicide	12	12	11	8	7	12	8	10	9
Attempted suicide and required medical treatment	5	5	4	3	4	4	4	4	2

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Alcohol, Tobacco, and Other Drugs

The questions in this section ask students about their use of alcohol, tobacco products, marijuana, cocaine, steroids, and other illegal drugs. The questions ask the age at which students first used these substances and how often they use them now.

- Alcohol use** is a major contributing factor in approximately one half of all homicides, suicides, and motor vehicle crashes, which are the leading causes of death and disability among young people in the United States.¹² Approximately 100,000 American deaths per year are attributable to misuse of alcohol.¹⁶ Heavy drinking among youth has been linked to physical fights, property destruction, academic and job problems, and trouble with law enforcement authorities.⁹
- Tobacco Use** is the single most preventable cause of death in the United States,^{17,18} accounting for more than one of every five deaths.¹⁹ Smoking causes heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease. In addition, smoking is related to poor academic performance and the use of alcohol and other drugs.²⁰ Over one million teenagers begin smoking each year.¹⁴ Between 1970 and 1986, the prevalence of snuff use in the US increased fifteen-fold among men 17 to 19, and the prevalence of chewing tobacco use increased four-fold.¹⁸
- Other Drug Use** is related to early unwanted pregnancy, school failure, delinquency, and

transmission of sexually transmitted diseases (STD), including HIV infection.²¹ One in four American adolescents is estimated to be at very high risk for the consequences of alcohol and other drug problems.¹⁶ In spite of improvements in recent years, illicit drug use is greater among high school students and other young adults in America than in any other industrialized nation in the world.²²

Related *Healthy Vermonters 2000* Goals:

Reduce percent of youth aged 12 to 17 who used alcohol in the past month to 12.6% or less.

Reduce percent of youth aged 12 to 17 who used marijuana in the past month to 3.2% or less.

Reduce percent of youth aged 12 to 17 who used cocaine in the past month to 0.6% or less.

Reduce percent of high school seniors who engage in heavy drinking to 28% or less.

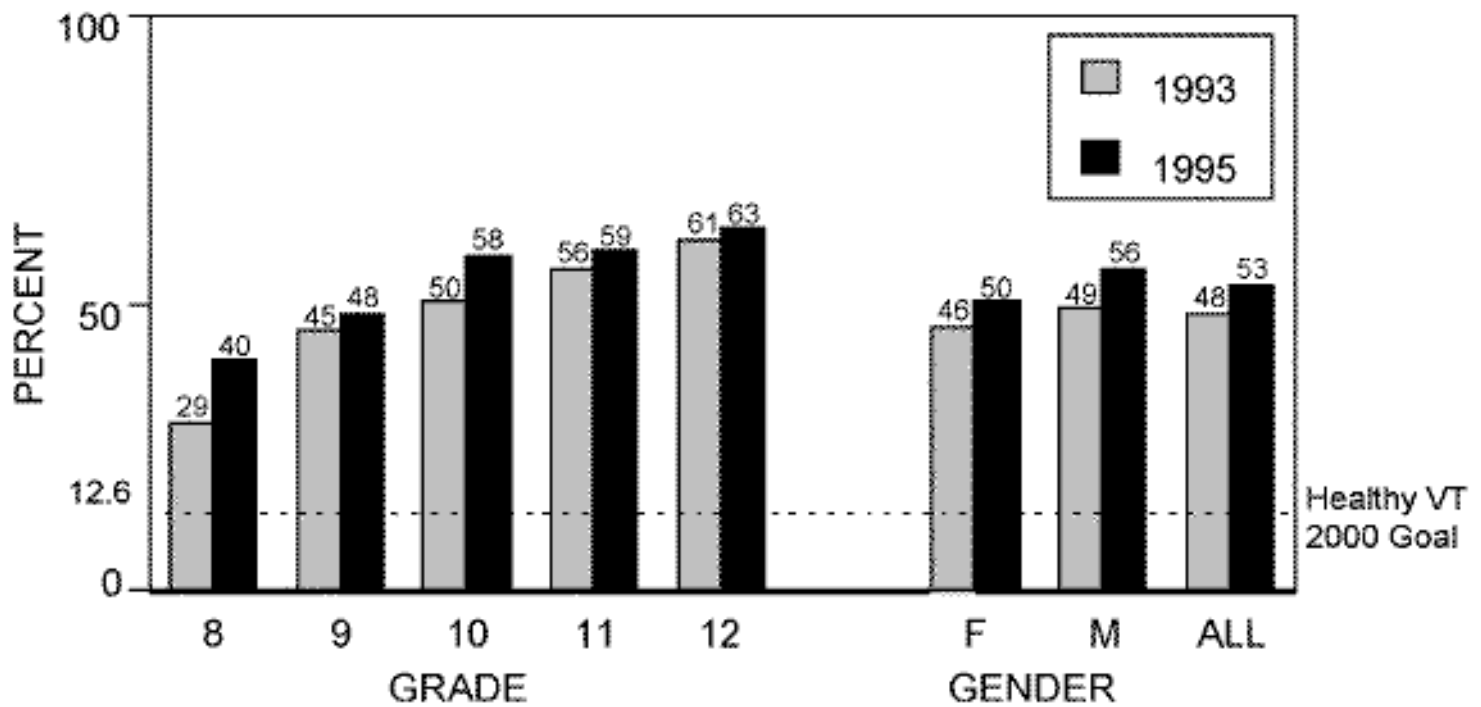
Alcohol Use

Alcohol use is up compared to 1993. Overall, 53% of Vermont students drank alcohol, compared to 48% of Vermont and national students in 1993.

More males drink alcohol than females . 56% of male students drank alcohol, compared to 50% of female students. In 1993, 49% of male students and 46% of female students drank alcohol during the past 30 days.

Alcohol use increases across grades . More twelfth graders than eighth graders drank alcohol (63% vs 40%). In 1993, 61% of Vermont twelfth graders drank alcohol, compared to 29% of eighth graders.

Percent of students who consumed at least one drink of alcohol during the past 30 days

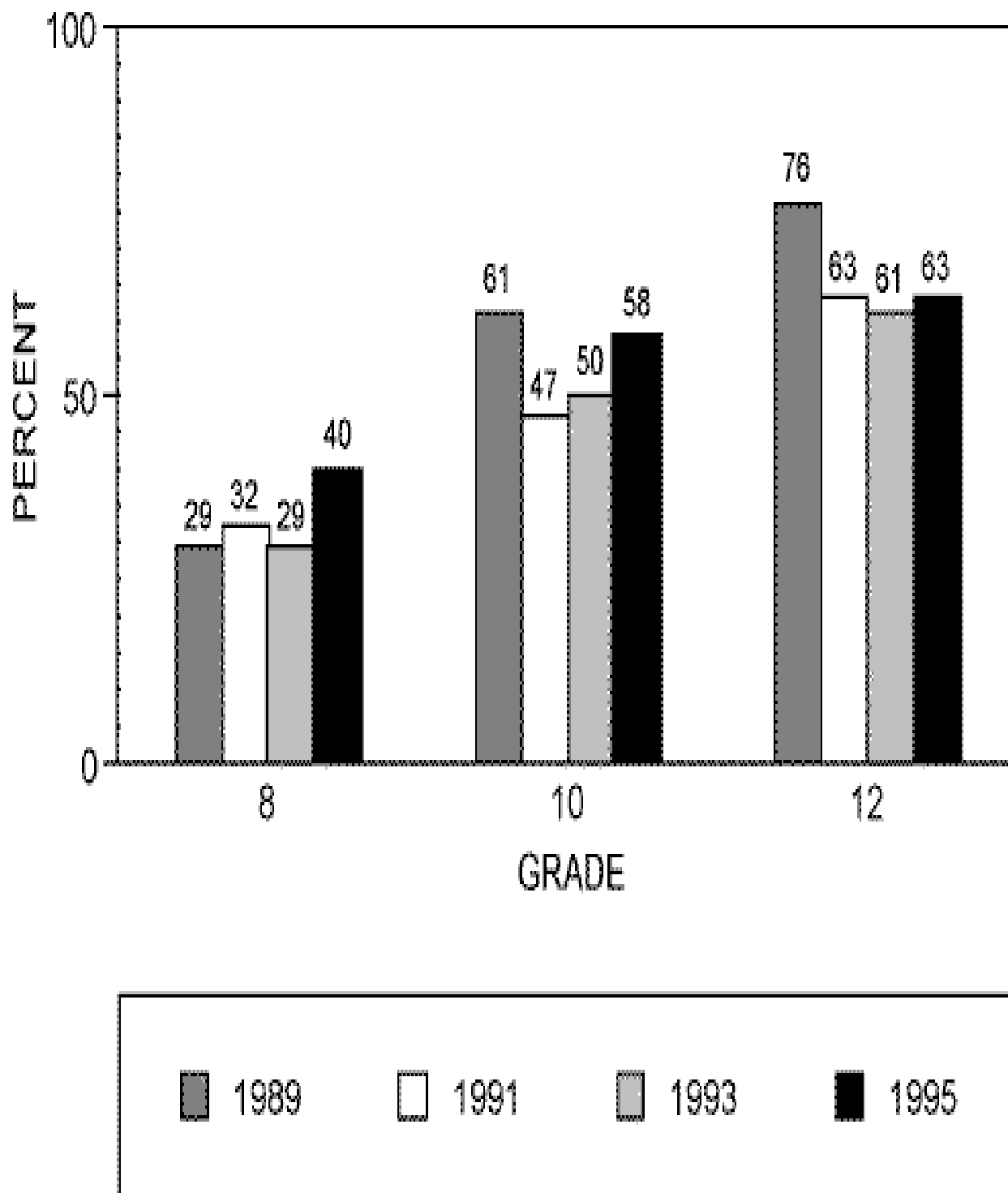


Trend in recent alcohol use among twelfth graders is decreasing. Alcohol use among twelfth graders in Vermont dropped from 76% in 1989 to 63% in 1991 and has been level since then.

Trend in recent alcohol use among eighth and tenth graders is increasing. Alcohol use among eighth graders in Vermont remained stable from 1989 (29%) to 1993 (29%), but it increased this year (40%). Alcohol use among tenth graders dropped from 61% in 1989 to 47% in 1991, but it has been increasing since then.

Alcohol Use in Vermont 1989-1995

Percent of students who drank during the past 30 days*



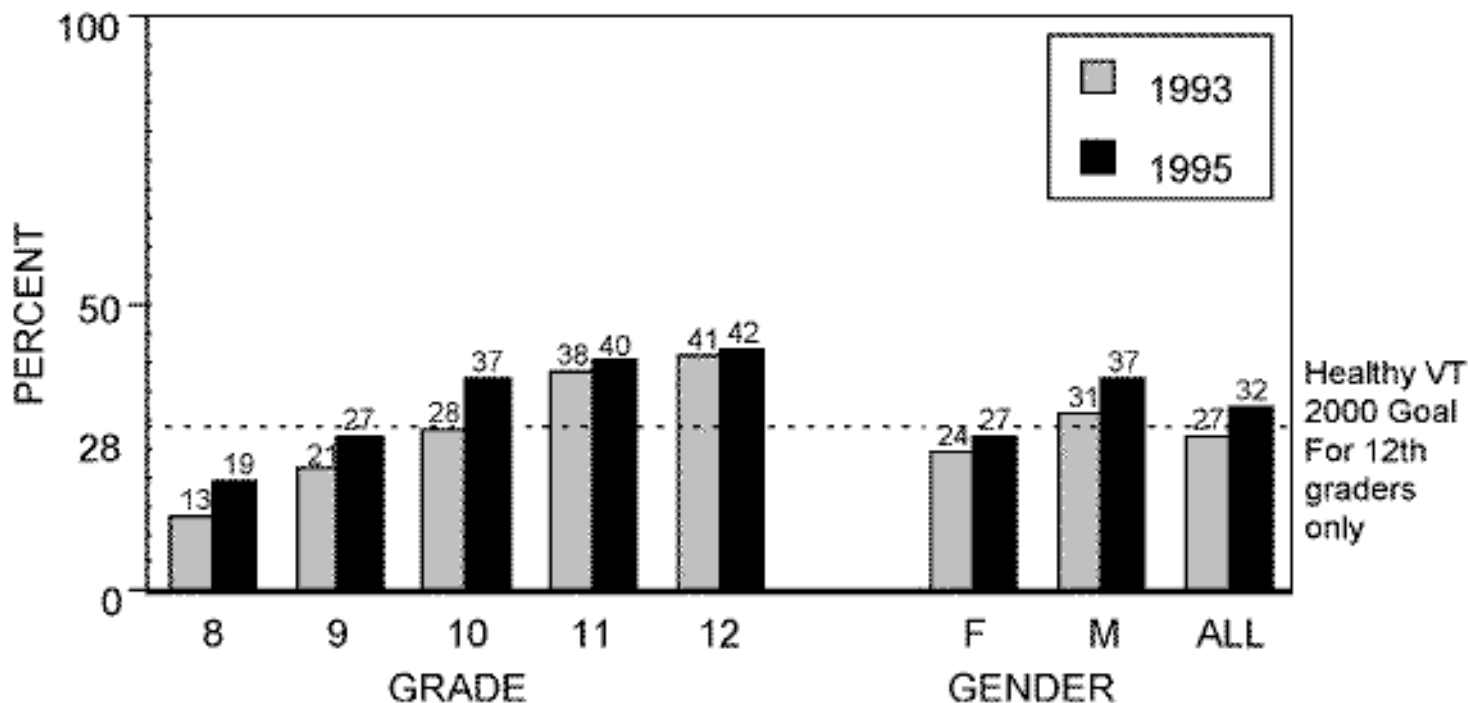
*The data provided for this graph are estimates. (see page 1)

Binge drinking is up compared to 1993. Binge drinking is defined as having five or more drinks of alcohol within a couple of hours. Overall, Vermont students reported more binge drinking compared to 1993 (32% vs 27%). Most of the increase occurred in grades 8 - 10. Nationally, 30% of students reported binge drinking in 1993.

More males binge drink than females. Male students were a third more likely than female students to binge drink (37% vs 27%). The male vs female difference was similar in 1993 in VT (31% vs 24%) and in the nation (34% vs 26%).

Binge drinking increases across grades . Twelfth graders were over twice as likely as eighth graders to binge drink (42% vs 19%). The 12th vs 8th grade difference was similar in 1993 (41% vs 13%).

Percent of students who binged on alcohol (had five or more drinks of alcohol within a couple of hours) during the past 30 days

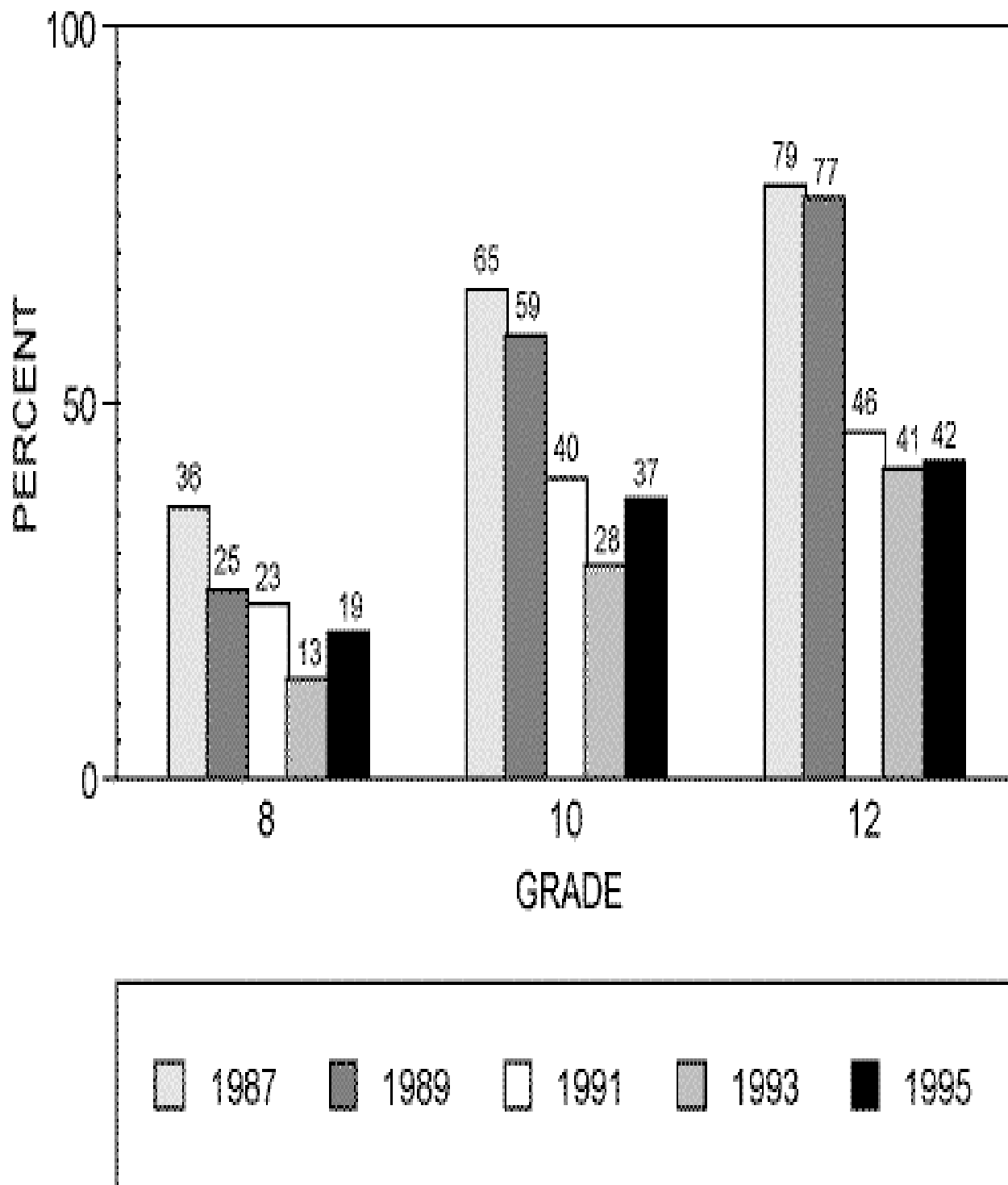


Trend in binge drinking is decreasing. Among eighth graders binge drinking decreased from 36% in 1987 to 19% in 1995. Among tenth graders, binge drinking decreased from 65% in 1987 to 37% in 1995. Among twelfth graders, binge drinking decreased from 79% in 1987 to 42% in 1995.

Among lower grades, binge drinking is up compared to 1993 . Binge drinking among eighth graders increased from 13% in 1993 to 19% in 1995. Binge drinking among tenth graders increased from 28% in 1993 to 37% in 1995.

Alcohol Use in Vermont 1987-1995

Percent of students who "binged" during the past 30 days*



*The data provided for this graph are estimates.

Males drink more frequently than females. Male students were twice as likely as female students to have consumed alcohol on 10 or more days during the past month (12% vs 6%). The male vs female difference was similar in 1993 (9% vs 5%).

Males start drinking alcohol earlier than females. More male students than female students first consumed alcohol before age 13 (43% vs 31%). Similarly, the male vs female difference in 1993 was 44% vs 32%.

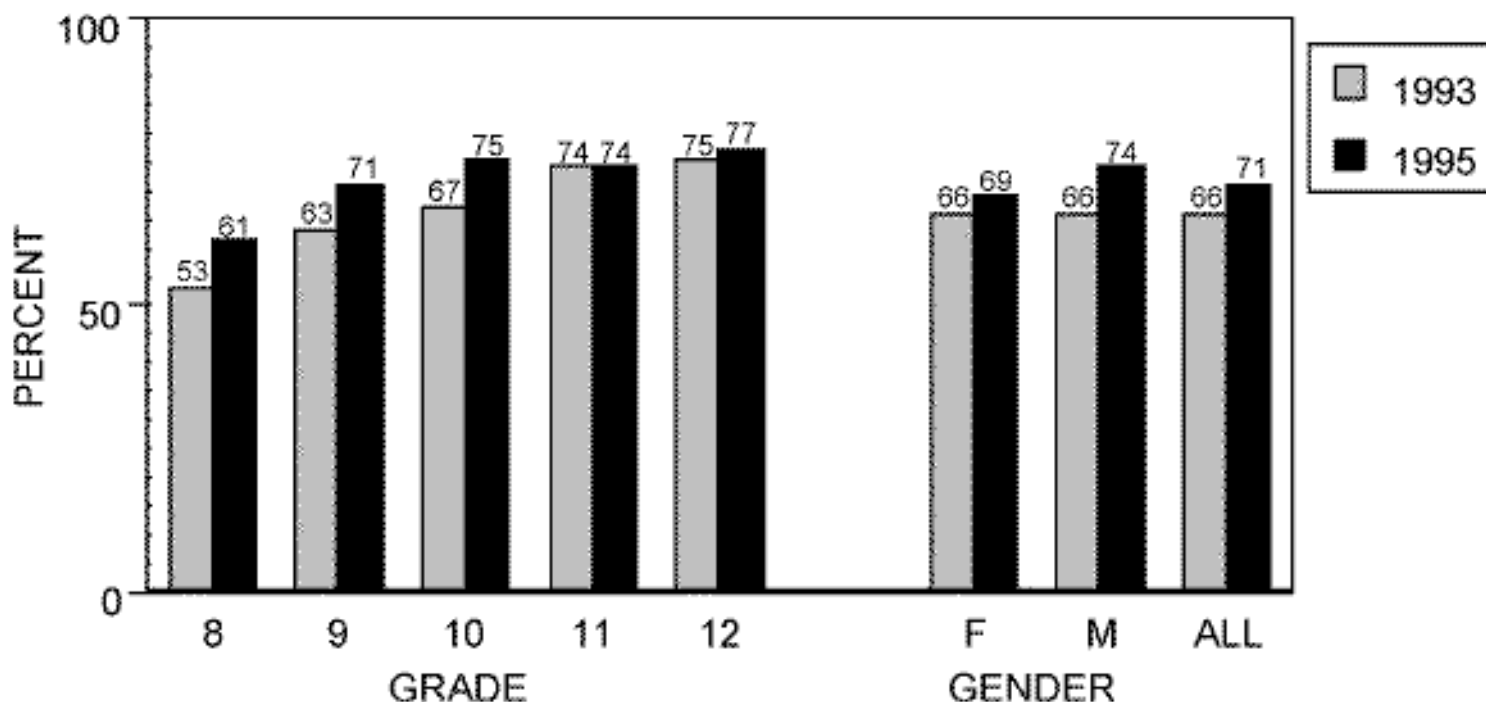
ALCOHOL USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who:									
Have ever had a drink of alcohol, other than a few sips	64	72	80	83	88	74	79	77	76
Drank alcohol on 3 to 9 days during the past 30 days	13	19	25	25	26	20	23	21	18
Drank alcohol on 10 or more days during the past 30 days	7	8	9	11	13	6	12	9	7
First consumed alcohol, other than a few sips, prior to age 13	47	41	36	29	30	31	43	37	38
"Binged" on alcohol 10 or more days during the past 30 days	3	3	4	3	3	2	4	3	2

Tobacco Use

More students have tried smoking. Compared to 1993, more Vermont students have tried cigarette smoking (71% vs 66%). Nationally, 69% of students had tried cigarette smoking in 1993.

More males than females have tried smoking. 74% of male students have tried cigarette smoking, compared to 69% of female students. In 1993, 66% of males and 66% of female students had tried smoking. Nationally, 70% of male students and 69% of female students had tried cigarette smoking in 1993.

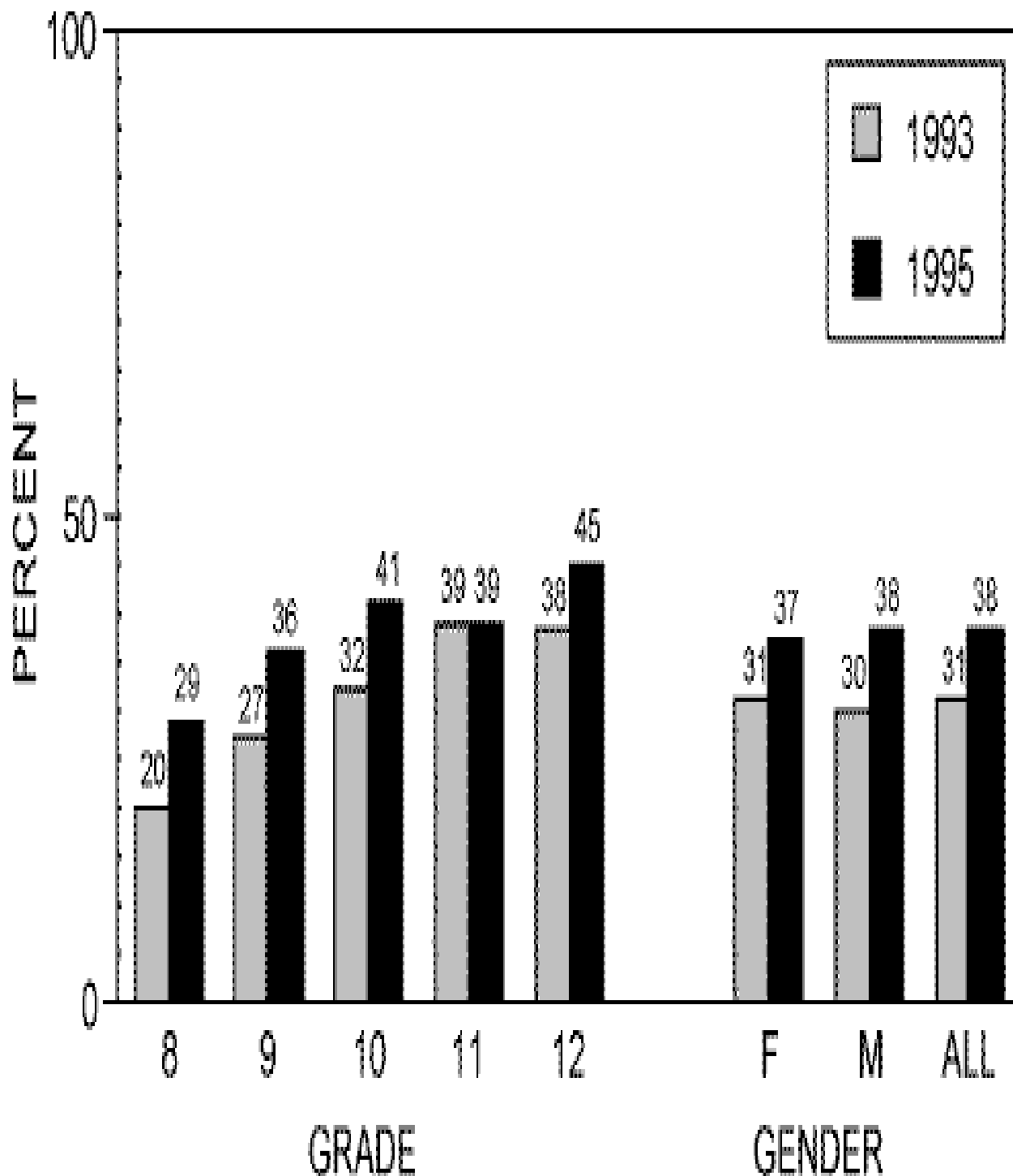
Percent of students who have ever tried cigarette smoking, even one or two puffs



Cigarette smoking compared to 1993 is up. More Vermont students smoked cigarettes during the past 30 days (38% vs 31%). Nationally, 31% of students smoked cigarettes in 1993.

Cigarette smoking is up among the lower grades. Over the past two years, smoking increased among eighth graders from 20% to 29%, among ninth graders from 27% to 36%, and among tenth graders from 32% to 41%.

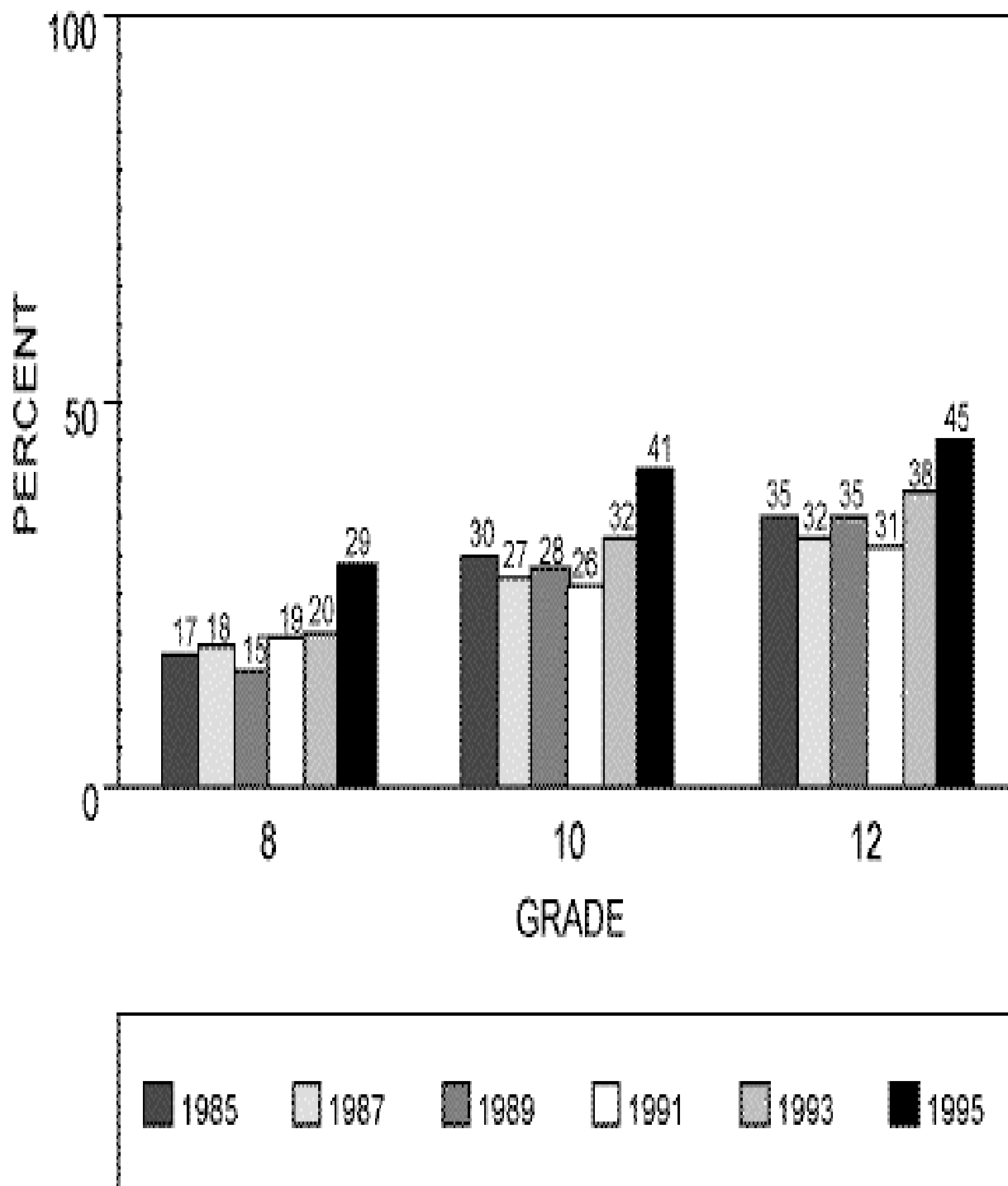
Percent of students who smoked cigarettes on one or more days during the past 30 days



Trend in cigarette smoking is increasing. Smoking during the last 30 days is up since 1993. This is true among 8th, 10th, and 12th graders, and it signals a clear shift in the fairly level trend since 1985.

Cigarette Smoking in Vermont 1985-1995

Percent of students who smoked cigarettes during the last 30 days*

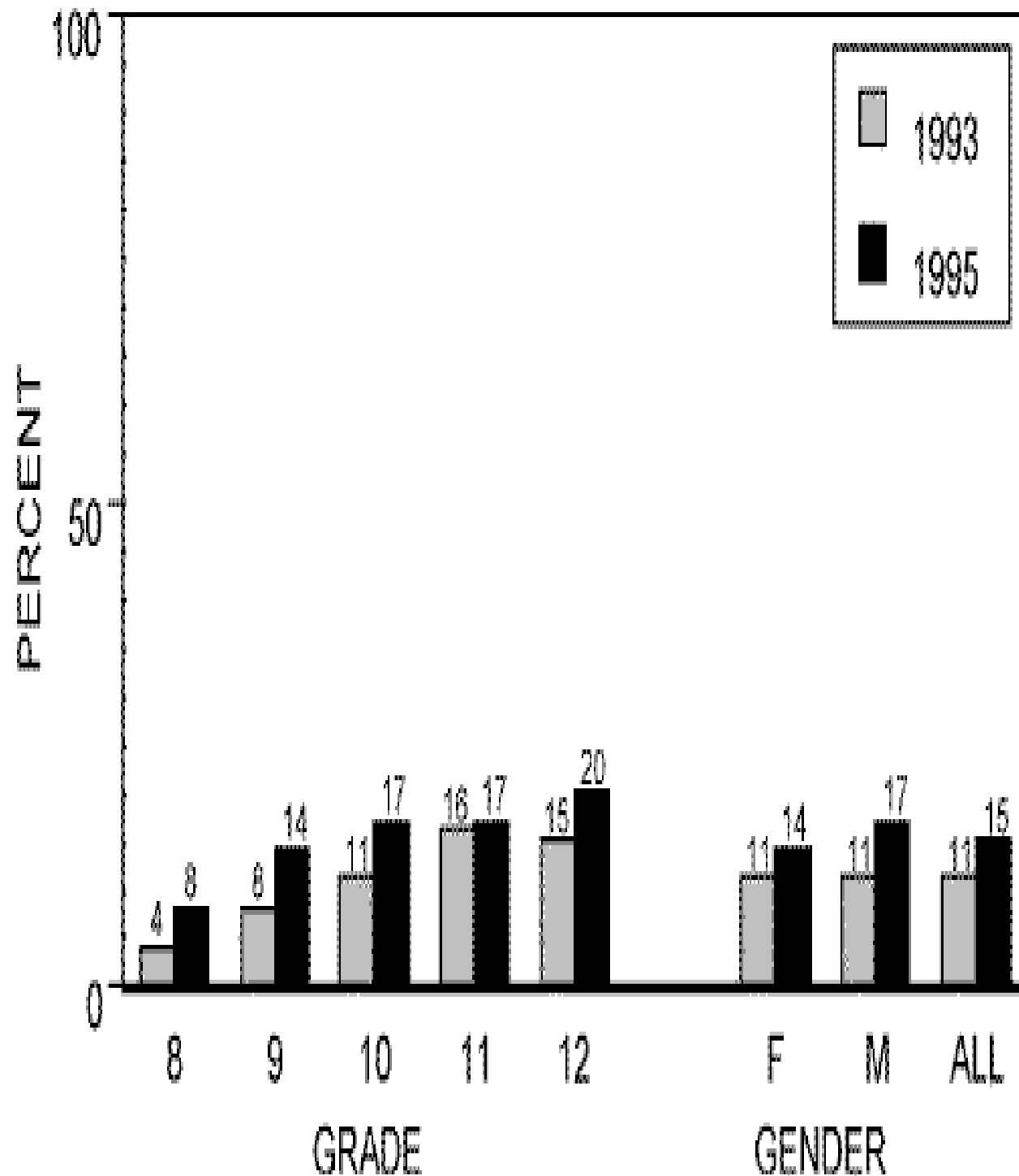


*The data provided in this graph are estimates. (see page 1)

More students smoke regularly. Overall, 15% of Vermont students are daily smokers, compared to 11% in 1993. This is especially true in younger students: for example, 8% of eighth graders are daily smokers, compared to only 4% in 1993.

Percent of students who smoked every day

during the past 30 days



One-fifth of students smoke cigarettes *on school property* . Overall, 19% of Vermont students smoked cigarettes on school property compared to only 13% of students in the 1993 national survey.

More males than females chew tobacco. Male students were five times more likely than female students to chew tobacco (19% vs 4%). Nationally, 20% of male students and only 2% of female students chewed tobacco.

Most students are not asked for proof of age when purchasing cigarettes. 20% of students who smoke, bought cigarettes in a store during the past 30 days and were asked to show proof of age. However, most students who smoke do not buy cigarettes in stores but obtain them from other sources (see next page). Among only students who bought cigarettes in stores, 40% were asked for proof of age.

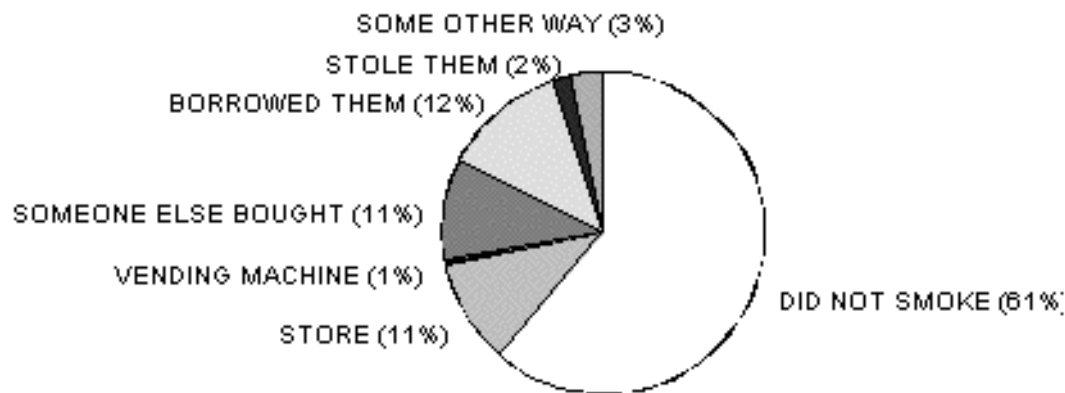
TOBACCO USE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who:									
Smoked a whole cigarette prior to age 13	31	32	27	25	22	25	31	28	28
Smoked cigarettes at least one day in the past 30 days	29	36	41	39	45	37	38	38	31
Bought cigarettes in a store during the past 30 days and were asked to show proof of age*	6	11	16	24	40	16	25	20	NA
Smoked cigarettes on school property during the past 30 days	11	20	24	19	23	18	21	19	NA
Ever tried to quit smoking cigarettes	31	37	36	37	37	35	36	36	NA
Used chewing tobacco or snuff during the past 30 days	9	12	13	12	13	4	19	12	NA
Used chewing tobacco or snuff on school property during the past 30 days	5	6	7	7	7	2	11	6	NA

*Includes all smokers, even those who did not purchase cigarettes in a store.

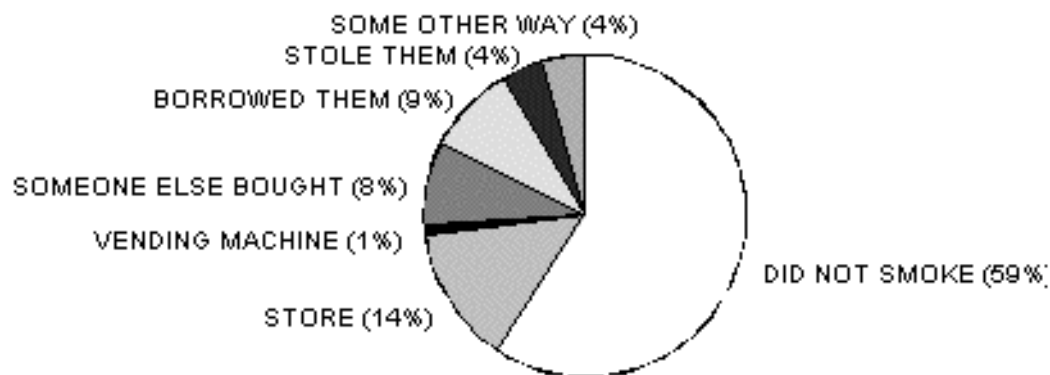
Most students do not buy cigarettes in stores. Only 11% of female students and 14% of male students bought cigarettes in stores. These percentages are based on all students. If nonsmoking students are excluded, 28% of female and 32% of male students bought cigarettes in stores. Overall, most students who smoke borrowed (27%) or had someone else buy cigarettes for them (23%).

Where students get cigarettes

FEMALES



MALES



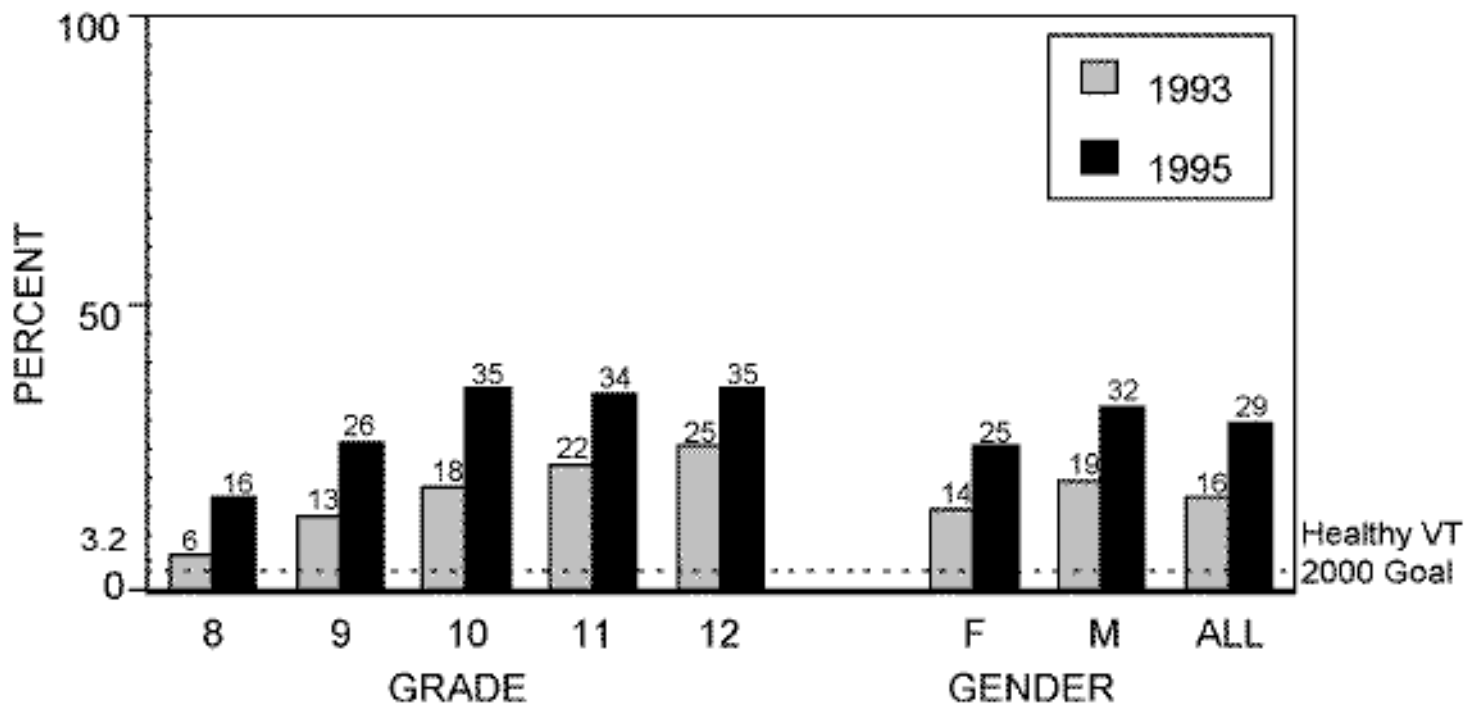
Other Drug Use

Marijuana use is up compared to 1993. Overall, marijuana use among Vermont students dramatically increased from 16% in 1993 to 29% this year. Nationally, 18% of students smoked marijuana in 1993.

Marijuana use is up across all grades. The increase occurred in all grades but was especially large among the lower grades: for example, the percentage for eighth graders more than doubled from 6% to 16%.

More males than females smoke marijuana. 32% of male students smoked marijuana, compared to 25% of female students. Nationally, 21% of male students and 15% of female students smoked marijuana in 1993.

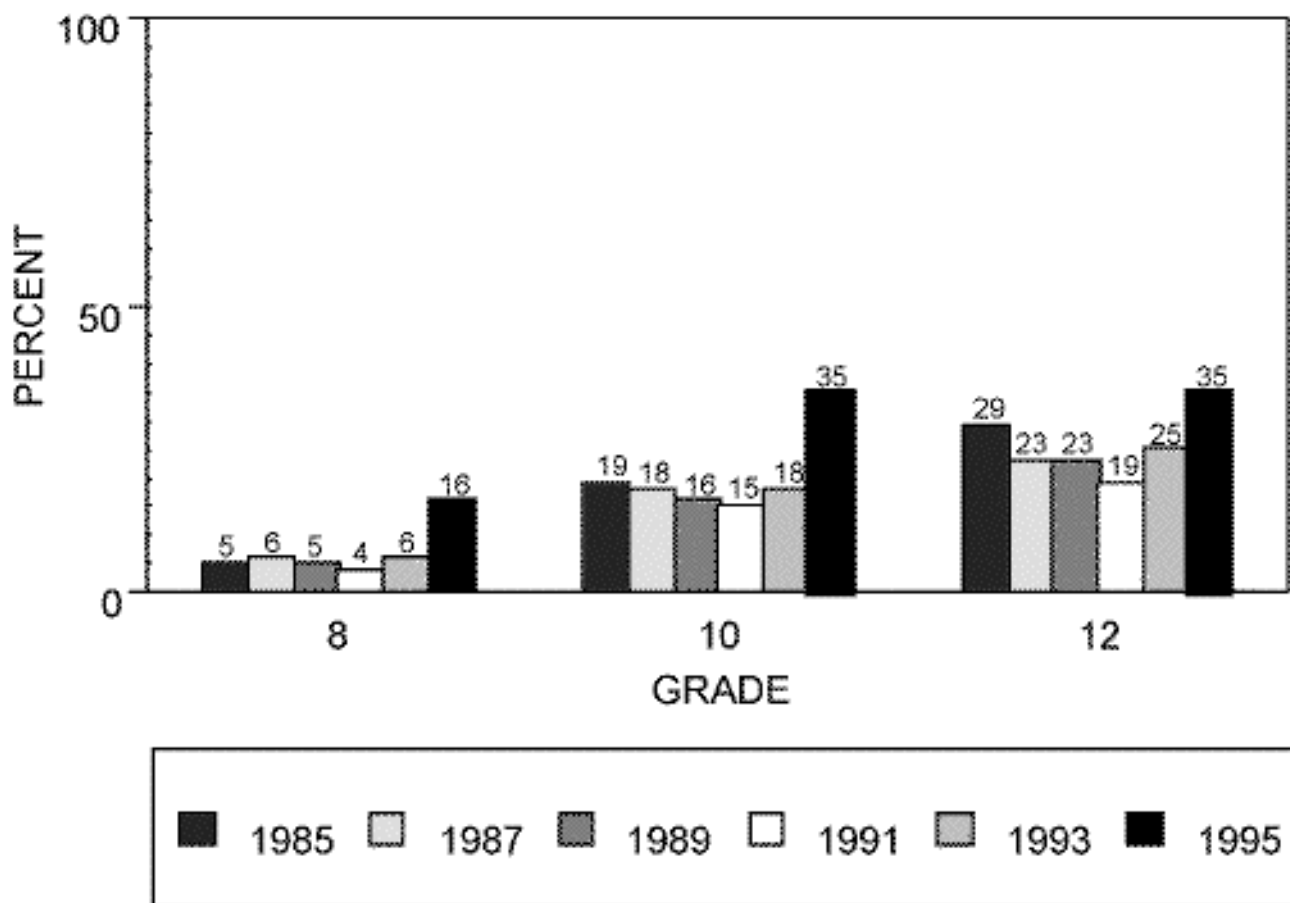
Percent of students who smoked marijuana one or more times during the past 30 days



Trend in marijuana use is increasing. The percentage of students who smoked marijuana during the past 30 days was level or even slightly declining from 1985 to 1991. Since 1993, marijuana use has increased dramatically among twelfth graders (25% to 35%), tenth graders (18% to 35%), and eighth graders (6% to 16%).

Marijuana Use 1985-1995

Percent of students who smoked marijuana one or more times during the past 30 days*



*The data provided for this graph are estimates.

Students start smoking marijuana earlier compared to 1993. Overall, 10% of Vermont students have smoked marijuana by age 13, compared to 6% of Vermont students in 1993.

Males start smoking marijuana earlier than females . Male students were almost twice as likely as female students to have smoked marijuana by age 13 (13% vs 7%). In 1993, 8% of male students and 5% of female students smoked marijuana by age 13.

More males than females smoke marijuana *on school property* . Male students were almost twice as likely as female students to have smoked marijuana on school property (13% vs 7%). The male vs female difference was similar in 1993 among US students (8% vs 3%).

MARIJUANA USE		GRADE					GENDER		ALL	
		8	9	10	11	12	F	M	1995	1993
Percent of students who:										
Smoked marijuana prior to age 13		11	11	11	9	7	7	13	10	6
Smoked marijuana one or more times on school property during the past 30 days		5	10	12	10	11	7	13	10	NA

Cocaine use is up . Overall, 4% of Vermont students reported using cocaine during the past 30 days, compared to only 2% in 1993. Nationally, 2% of students used cocaine in 1993.

More males than females have used cocaine . Male students were more likely than female students to have used cocaine by age 13 (4% vs 1%); to have ever used cocaine (9% vs 5%); to have used cocaine during the past 30 days (5% vs 3%); and to have used crack (7% vs 3%).

COCAINE USE		GRADE					GENDER		ALL	
		8	9	10	11	12	F	M	1995	1993
Percent of students who have used cocaine:										
Prior to age 13		4	3	2	2	2	1	4	3	NA
During their lifetime		6	6	7	8	8	5	9	7	NA
During the past 30 days		4	4	3	3	3	3	5	4	2
In the form of crack (during their lifetime)		5	5	5	5	5	3	7	5	NA

Injected-drug use is up . Overall, more Vermont students reported using a needle to inject illegal drugs compared to 1993 (4% vs 1%). Nationally, 1% of students injected illegal drugs in 1993.

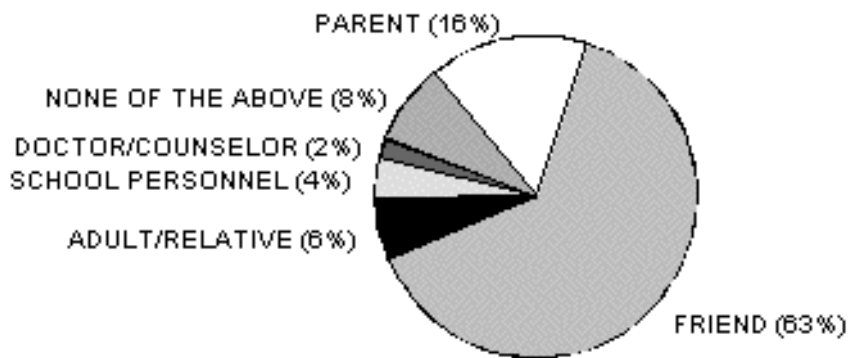
More males use illegal drugs than females . Male students were more likely than female students to have taken steroids (8% vs 4%); to have used other illegal drugs (21% vs 16%); to have injected illegal drugs (5% vs 2%); to have been offered or sold drugs on school property (41% vs 29%); and to have used inhalants (29% vs 25%).

USE OF OTHER DRUGS									
	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who have during their lifetime:									
Taken steroid pills or shots without a prescription	8	6	6	5	5	4	8	6	NA
Used other illegal drugs (e.g., LSD, PCP, ecstasy, mushrooms, speed, ice, heroin)	11	17	22	24	21	16	21	19	NA
Used a needle to inject any illegal drug into their body	5	4	4	3	2	2	5	4	1
Percent of students who were offered, sold, or given an illegal drug on school property during the past 12 months	26	37	41	38	35	29	41	35	NA
Percent of students who used inhalants to get high one or more times during their lifetime	30	29	27	23	24	25	29	27	NA

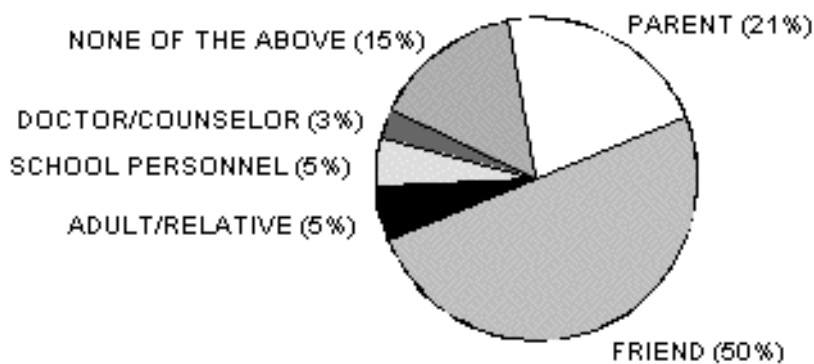
Students are more likely to talk with friends than adults about a drug problem. 63% of female students and 50% of male students would most likely talk to a friend about a drug problem. Students would more likely talk to a parent than another adult about a drug problem.

If you had a problem with tobacco, alcohol, or other drugs, who would you be most likely to talk to about it?

FEMALES



MALES



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Sexual Behavior

The questions in this section ask students whether they have received information about AIDS or HIV infection, whether they have had sexual intercourse, the frequency with which they have sex, and whether they use a method to prevent pregnancy.

- Early sexual activity** is associated with unwanted pregnancy and sexually transmitted diseases (STD), including HIV infection, and negative effects on social and psychological development.²³ Number of sexual partners and age at first intercourse are associated with STD. Alcohol and drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse. Of the 12 million new cases of STD per year in the United States, 86% are among people aged 15-29.²⁴ STD may result in infertility and facilitation of HIV transmission and may have an adverse effect on pregnancy outcome and maternal and child health.²⁵
- AIDS** is the sixth leading cause of death for youth aged 15-24 in the United States.² Nationwide, 53 percent of students in grades 9 - 12 are sexually active.²⁶ While heterosexual transmission was once uncommon, recent trends indicate that growing numbers of individuals are at risk of contracting HIV.

Many people, especially adolescents, do not have the knowledge, awareness, and skills necessary to prevent their becoming infected. Besides abstinence, condom use is currently the most effective means of preventing sexual transmission of HIV.

In Vermont, 243 residents were diagnosed as having AIDS as of April 30, 1995.²⁷ Up to eight times this number may be infected with HIV, and many of these people may not be aware of their infection. Many more Vermonters are at risk of acquiring HIV infection through unprotected sex with multiple partners or because of injected drug use. No area of the state remains untouched.

- **Teen Pregnancy:** More than one million teenage girls in the United States become pregnant each year and about half of them give birth.²⁸ One-third of all unintended pregnancies occur among teenagers, and 75 percent of teenage pregnancies occur among adolescents who are not using contraception.²⁹ In 1993, the teen pregnancy rate in Vermont was 54.3 pregnancies per 1,000 women of age 15 through 19, which was lower than the rates in 1992, 1991 and 1990 (58.1, 64.6 and 58.7).¹⁵
- **Gay and Lesbian Youth:** Although many lesbian, gay, and bisexual adolescents lead happy and healthy lives, others face tremendous challenges to growing up physically and mentally healthy. Compared to heterosexual youth, lesbian, gay, and bisexual young people are at higher risk for depression, alcohol and other drug use, suicide, HIV infection, and other sexually transmitted diseases. Suicide is the leading cause of death among this group. They are two to three times more likely to attempt suicide than their heterosexual peers and may account for 30 percent of suicides among youth annually.³⁰

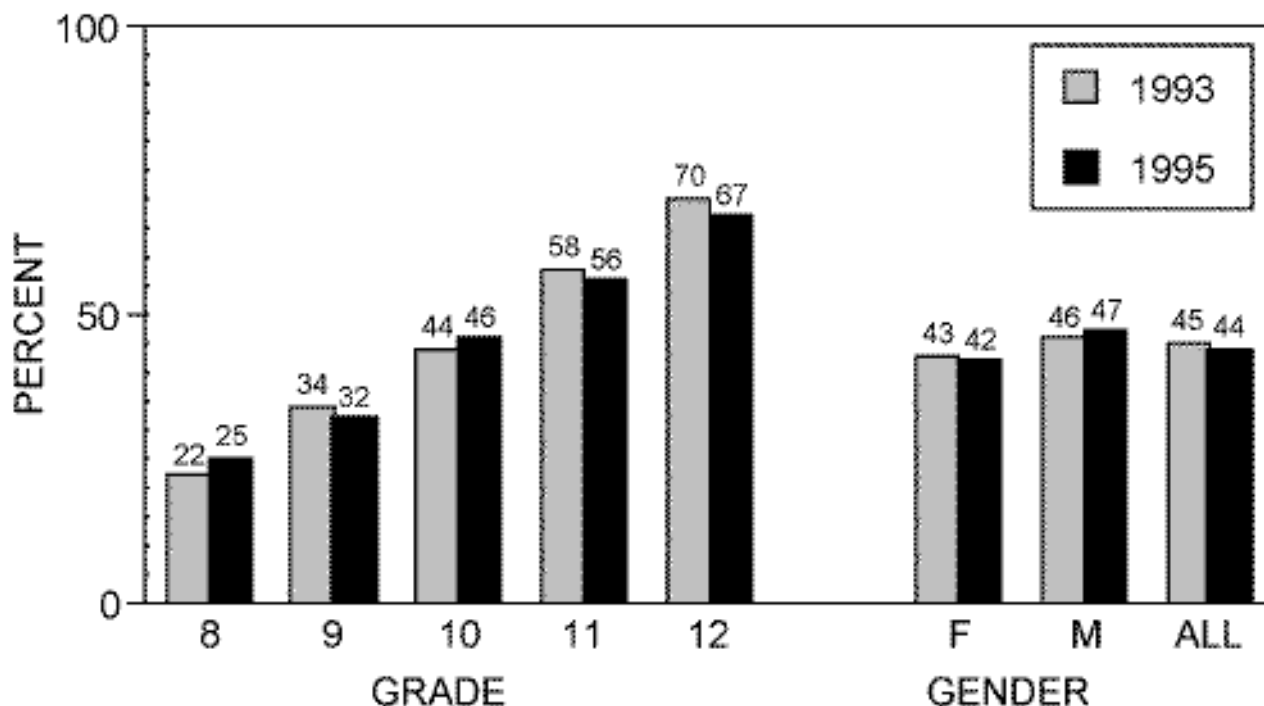
Related Healthy Vermonters 2000 Goals:

Increase percent of schools that offer education programs on sexually transmitted diseases to 100%.

Increase percent of sexually active adolescents who use condoms to at least 75%.

Sexual intercourse increases across grades. Students in higher grades were more likely than students in lower grades to have had sexual intercourse. 67% of twelfth graders have had sexual intercourse, compared to 25% of eighth graders. The 12th vs 8th grade difference was similar in 1993 (70% vs 22%).

Percent of students who have ever had sexual intercourse



Students in lower grades are more likely than students in higher grades to have had sex by age 14.

Eighth graders were twice as likely as twelfth graders to report having had sex by age 14 (21% vs 10%). The 8th vs 12th grade difference was similar in 1993 (18% vs 10%).

More females than males are forced to have sex . Over twice as many female students as male students were forced or pressured to have sex (17% vs 7%).

More students use drugs before sex . Compared to 1993, more students used alcohol or drugs prior to sex (31% vs 20%).

A little over half of sexually active students use condoms. 55% of sexually active students used a condom during their most recent sexual experience. Nationally, 53% of students used a condom in 1993.

SEXUAL BEHAVIOR	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who:									
First had sexual intercourse prior to age 14	21	15	14	11	10	11	18	15	15
Were ever forced or pressured to have sex	9	10	11	12	18	17	7	12	NA
Used drugs or alcohol before their most recent sexual experience*	31	32	35	31	26	28	33	31	20
Used a condom during their most recent sexual experience*	60	60	58	55	49	51	59	55	57
Have been pregnant or have impregnated someone	3	3	5	5	6	5	4	5	4

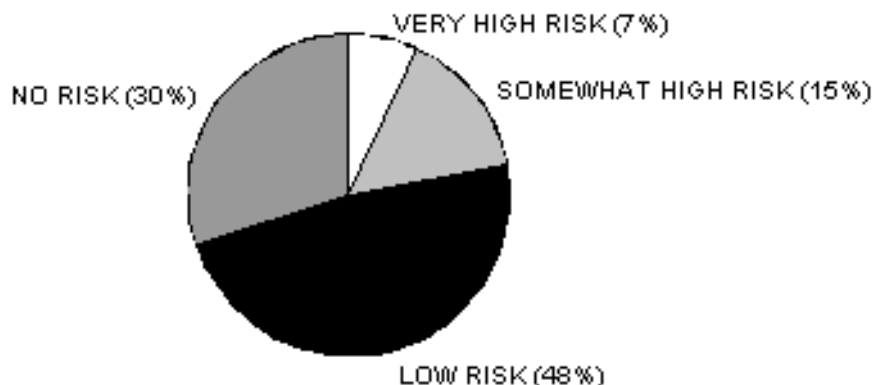
*Includes only students who said that they have sexual intercourse.

More females than males talk with their parents about HIV infection. 66% of female students and 57% of male students have talked with their parents about HIV or AIDS.

More males than females perceive they have a risk for getting HIV infection. Almost three-fourths (74%) of male students, compared to two-thirds (67%) of female students perceived that they have some risk for getting HIV or AIDS.

HIV EDUCATION	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who:									
Have received education about HIV or AIDS at school	86	90	91	93	90	91	89	90	88
Have talked with parents or other adults in their family about HIV or AIDS	55	58	61	66	67	66	57	61	64
Perceive that they have at least some risk for getting HIV infection or AIDS	65	71	72	73	71	67	74	70	NA

Students' perceived risk for getting AIDS or HIV infection



Opposite-gender sexual intercourse. 40% of female students and 45% of male students have had sexual intercourse during their lifetime with someone of the opposite gender. These figures drop to 30% of females and 31% of males during the 3 months preceding the survey.

Same-gender sexual intercourse. 3% of female students and 4% of male students have had sexual intercourse during their lifetime with someone of the same gender. During the past 3 months, 2% of females and 3% of males have had sexual intercourse with same-gender partners.

FREQUENCY AND GENDER OF PARTNER	GENDER	
	F	M
Percent of students who:		
Have had sexual intercourse with one or more males during their lifetime	40	4
Have had sexual intercourse with one or more males during the past 3 months	30	3
Have had sexual intercourse with one or more females during their lifetime	3	45
Have had sexual intercourse with one or more females during the past 3 months	2	31

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Body Weight and Nutrition

This section asks students how they feel about their weight and what, if anything, they are doing to control their weight. The questions also inquire about how often students eat healthful foods and "junk" foods.

- **Obesity** and extreme obesity appear to be increasing by as much as 39% and 64%, respectively, among adolescents aged 12-17 in the United States.³¹ Obesity acquired during childhood or adolescence may persist into adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some types of cancer, and gall bladder disease.³² Children and adolescents often experience social and psychological stress related to obesity.³³

Obesity in adolescence has been related to depression, problems in family relations, and poor school performance.³⁴ Over-emphasis on thinness during adolescence may contribute to eating disorders such as anorexia nervosa and bulimia.^{35,36} Adolescent females represent a high-risk population for the development of these two health problems and comprise 90 to 95 percent of all patients with eating disorders.³⁷

- **Nutrition:** Poor nutrition is associated with five of the leading causes of death: heart disease, stroke, cancer, diabetes, and atherosclerosis, and it contributes to other causes of death and disability as well. Dietary habits that negatively affect health include: excessive consumption of foods high in fat, saturated fat and cholesterol; low dietary intake of complex carbohydrates and fiber; and excessive calorie intake in relation to calorie expenditure.¹

Americans currently consume more than 36 percent of their total calories from fat.³² High fat diets are associated with increased risk of obesity, heart disease, some types of cancer, and other chronic conditions. They are often consumed at the expense of foods high in complex carbohydrates and dietary fiber, foods which are considered to be more conducive to good health. Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits.³⁸

Related *Healthy Vermonters 2000* Goals:

Increase average intake of fruits, vegetables, and legumes to five or more servings a day.
Increase average intake of grains to six or more servings per day.

Body Weight

More females than males think they are overweight and are trying to lose weight . Female students were almost two-thirds more likely than male students to describe themselves as overweight (39% vs 24%). The

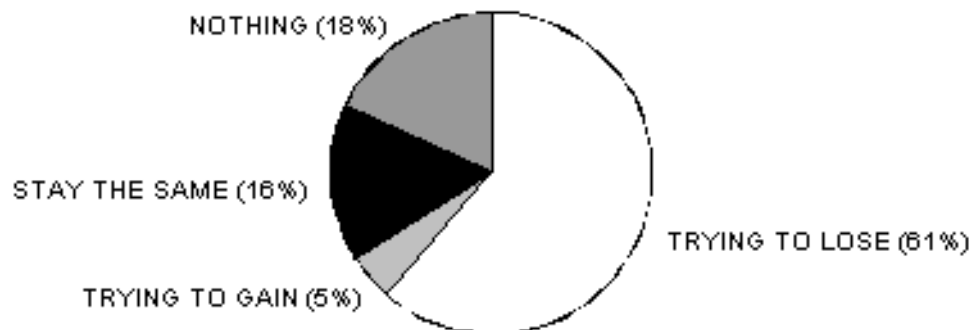
female vs male difference was similar in 1993 in VT (45% vs 24%) and in the US (45% vs 24%). In addition, 61% of female students are trying to lose weight, compared to only 25% of male students. This difference was similar in 1993 in VT (60% vs 24%) and in the US (59% vs 23%).

BODY WEIGHT DESCRIPTION	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who describe themselves as:									
Underweight	19	19	20	19	17	15	22	19	17
Overweight	31	29	32	33	33	39	24	31	34
Percent of students who are:									
Trying to lose weight	45	42	42	41	41	61	25	42	42
Trying to gain weight	13	16	18	17	15	5	26	16	14

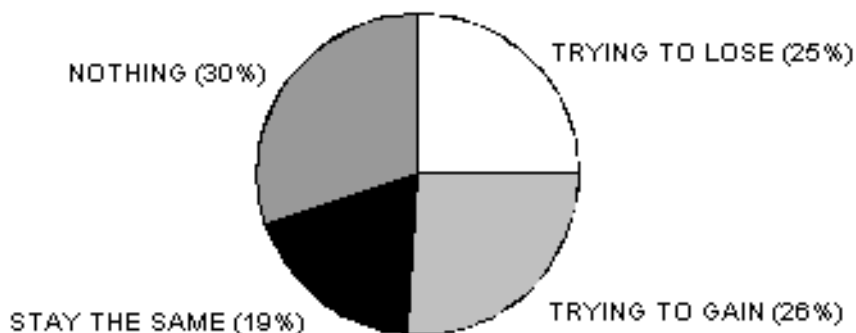
More males than females are trying to gain weight. Male students were five times more likely than female students to be trying to gain weight (26% vs 5%). Similarly, 24% of male students in 1993 were trying to gain weight, compared to 4% of female students. In addition, female students were almost two and a half times more likely than male students to be trying to lose weight (61% vs 25%).

What are students trying to do about their weight?

FEMALES

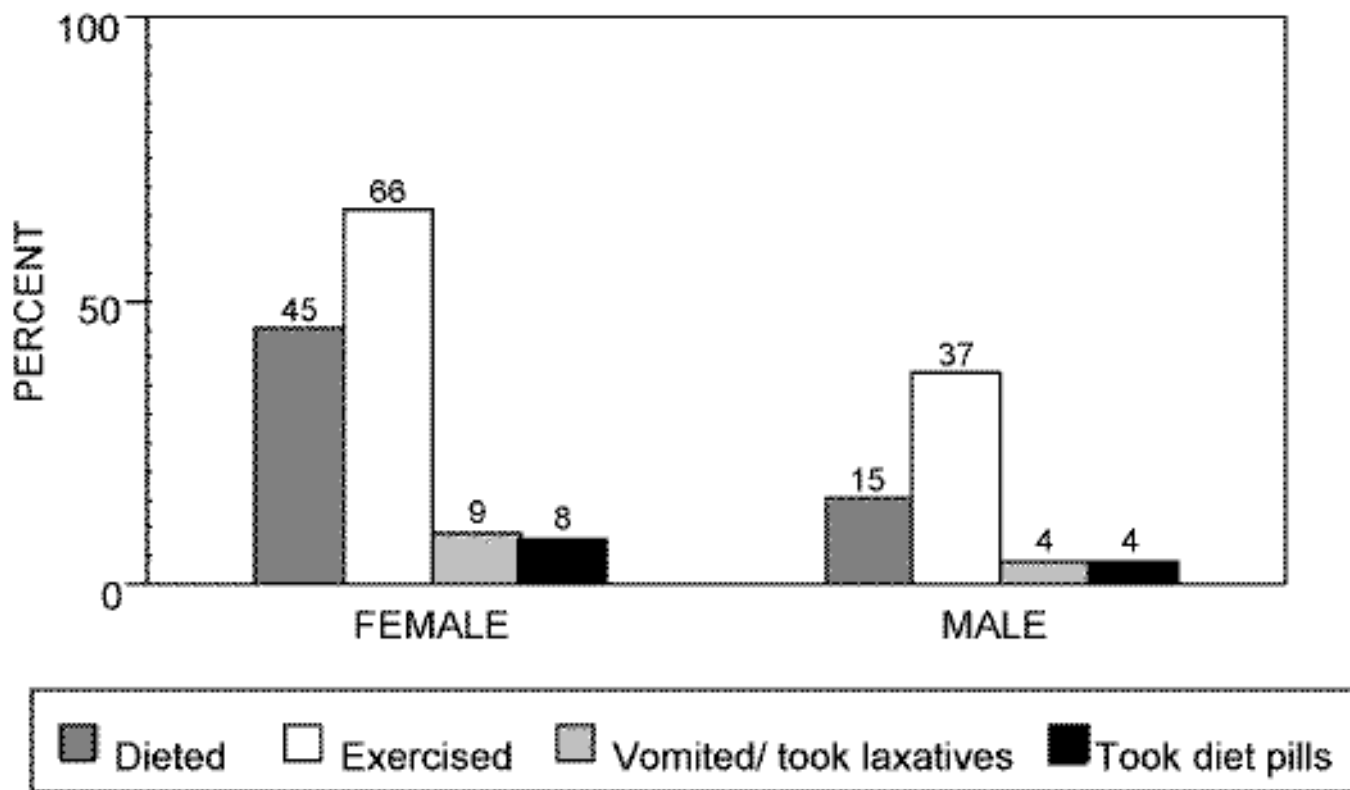


MALES



More females than males are trying to control their weight. Female students were more likely than male students to have dieted (45% vs 15%), exercised (66% vs 37%), vomited or taken laxatives (9% vs 4%), and taken diet pills (8% vs 4%).

What males and females did during the past 30 days to control their weight



Nutrition

More students eat fruit, salad, and cookies compared to 1993 . Compared to 1993, more students ate fruit (71% vs 66%), drank fruit juice (71% vs 67%), ate green salad (37% vs 30%), and ate cookies/cake (62% vs

59%).

More males than females eat hamburgers, french fries, and cookies . Male students were two-thirds more likely than female students to eat hamburgers/hotdogs (47% vs 28%). Male students were more likely than female students to eat french fries (58% vs 45%) and cookies (67% vs 57%). The male vs female difference was consistent with the results from the 1993 Vermont survey.

Some students go to bed hungry. 8% of students reported going to bed hungry because there was not enough food to eat.

YESTERDAY'S FOOD CONSUMPTION									
	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who had at least one serving of:									
Fruit	79	71	70	69	66	71	71	71	66
Fruit juice	74	71	70	73	68	71	72	71	67
Green salad	42	38	38	35	34	38	37	37	30
Cooked vegetables	58	55	54	54	54	54	56	55	57
Hamburgers, hotdogs, sausage	37	37	39	38	37	28	47	38	40
French fries or potato chips	53	51	54	52	50	45	58	52	55
Cookies, doughnuts, cake	65	63	60	63	59	57	67	62	59

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Physical Activity

This section asks students how often they engage in physical activities that improve or maintain aerobic capacity, flexibility, and muscle strength. Students were also asked about school-based physical activities including physical education classes and sports teams.

- **Regular physical activity** increases life expectancy³⁹ and is associated with good mental health and self-esteem.⁴⁰ Additionally, regular physical activity can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems.⁴¹ School physical education programs can have a significant positive effect on the health-related fitness

of children.42,43

- **Benefits** : Evidence of the benefits of regular physical activity is mounting. Engaging in light to moderate exercise for 30 minutes each day reduces the risk of heart disease, hypertension, noninsulin-dependent diabetes, osteoporosis, overweight and mental health problems.¹ Physically active people tend to outlive those who are inactive. Regular activity can also help older adults maintain functional independence and can enhance the quality of life for people of all ages.

Related *Healthy Vermonters 2000* Goals:

Increase the proportion of people who exercise regularly (at least 30 minutes, five or more times per week) to 30%.

Reduce the percent of people who do not engage in leisure time physical activity to 15% or less.

Less participation in aerobic exercise compared to 1993. Overall, 64% of Vermont students participated in 3 or more days/week of aerobic exercise, compared to 70% of students in 1993. Nationally, 66% of students participated in aerobic exercise in 1993.

More males than females participate in aerobic exercise and muscle toning . 69% of male students, compared to 59% of female students exercised aerobically 3 or more days/week. Half of male students (50%), compared to 42% of female students participated in muscle toning.

More females than males participate in stretching exercise. 53% of female students, compared to 44% of male students participated in stretching exercises 3 or more days/week.

EXERCISE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who participated in:									
Aerobic exercise 3 or more days during the last week	69	68	66	61	55	59	69	64	70
Stretching exercise 3 or more days during the last week	46	55	52	47	43	53	44	49	53
Muscle toning exercise 3 or more days during the last week	47	50	47	44	41	42	50	46	49
Walking/biking 3 or more days during the last week	47	43	38	32	28	39	38	38	36

Fewer students participate in PE classes. Compared to 1993, fewer Vermont students participated in physical education classes (55% vs 61%). Nationally, 52% of students participated in a physical education classes in 1993.

More PE in lower grades. 91% of eighth graders, compared to only 20% of twelfth graders, participated in at least one physical education class per week. The 8th vs 12th grade difference was similar in 1993 (90% vs 29%)

More males than females participate in non-school sports teams. 32% of female students participate in sports teams run by a non-school organization, compared to 45% of male students.

EXERCISE	GRADE					GENDER		ALL	
	8	9	10	11	12	F	M	1995	1993
Percent of students who participated in:									
Physical education classes at least once a week	91	72	49	34	20	54	56	55	61
Physical education classes 5 days per week	23	43	28	19	12	25	26	25	35
Twenty or more minutes or exercise or sports during an average physical education class	69	61	43	27	18	43	47	45	50
School sports team	64	59	56	55	51	55	59	57	NA
Sports team run by a non-school organization	48	40	37	36	30	32	45	39	NA

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Gambling

Questions in this section ask students whether they have gambled recently, and whether their gambling has caused problems.

- **Teenage compulsive gambling** is an unacknowledged and growing problem in the nation. According to one estimate, half of all high school students have gambled for money in the last 12 months, and one out of ten students are experiencing serious gambling-related problems.⁴⁴
- **Prevalence higher among teens:** The prevalence of compulsive gambling is estimated to be three times higher among teenagers than adults.⁴⁵ The average age of people attending Gamblers Anonymous is dropping. Of these people, most report that they started gambling as teenagers.⁴⁴ One million of the estimated eight million compulsive gamblers in America are teenagers.⁴⁶ Research indicates that addictive behaviors co-exist. More specifically, problem gamblers are more likely to be substance abusers than nongamblers.⁴⁵

More males than females gamble and experience gambling problems . Almost two-thirds (64%) of male students gambled, compared to 38% of female students. Also, male students were more likely than female students to report that their gambling caused problems with family and friends (10% vs 4%).

GAMBLING	GRADE					GENDER		
	8	9	10	11	12	F	M	ALL
Percent of students who have gambled during the past 12 months	51	49	51	50	57	38	64	51
Percent of students whose gambling has created problems with family or friends during the past 12 months	9	7	7	6	6	4	10	7

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